Managing the risk of psychosocial hazards at work

Code of Practice

2022

Queensland
Government

This Queensland code of practice has been approved by the Minister for Education, Minister for Industrial Relations and Minister for Racing under section 274 of the *Work Health and Safety Act 2011*.

This code commences on 1 April 2023.

Contents

Foreword

This code of practice on managing the risk of psychosocial hazards at work is an approved code of practice under section 274 of the *Work Health and Safety Act 2011* (WHS Act). An approved code of practice is a practical guide to achieving the standards of health, safety and welfare required under the WHS Act and the *Work Health and Safety Regulation 2011* (WHS Regulation).

Under section 26A of the WHS Act, a person conducting a business or undertaking (PCBU) must:
- comply with an approved code of practice; or
- manage hazards and risks arising from the work carried out as part of the business or undertaking in a way that is different to the code but provides an equivalent or higher standard of work health and safety than the standard required in the code.

A code of practice applies to anyone who has a duty of care in the circumstances described in the code. In most cases, following an approved code of practice would achieve compliance with the health and safety duties in the WHS Act in relation to the subject matter of the code. Like regulations, codes of practice deal with particular issues and do not cover all hazards or risks that may arise. The health and safety duties require duty holders to consider all risks associated with work, not only those for which regulations and codes of practice exist.

Codes of practice are admissible in court proceedings under the WHS Act and WHS Regulation. Courts may regard a code of practice as evidence of what is known about a hazard, risk or control and may rely on the code in determining what is reasonably practicable in the circumstances to which the code relates.

An inspector may refer to an approved code of practice when issuing an improvement or prohibition notice. This may include issuing an improvement notice for failure to comply with a code of practice where equivalent or higher standards of work health and safety have not been demonstrated.

Code terminology

This Code includes references to the legal requirements under the WHS Act and WHS Regulation. These references are not exhaustive and are included for convenience only. They should not be relied on in place of the full text of the WHS Act or the WHS Regulation.

The words '**must**', '**requires**' or '**mandatory**' indicate that a legal requirement exists that must be complied with.

The word '**should**' is used in this Code to identify the standard required in this Code. PCBUs can only manage the identified hazard or risk in a different way if doing so provides an equivalent or higher standard of work health and safety.

The word '**may**' is used to identify an optional course of action.

Scope and application

This Code applies to the performance of all work and to all workplaces covered by the WHS Act where there is a risk to health and safety from psychosocial hazards.

Issues not captured by this code of practice

This Code does not cover the following:

- duties and obligations in legislation other than the WHS Act (e.g. workers' compensation laws, fair work laws and anti-discrimination laws – see **Appendix 1**)
- workplaces captured by other safety legislation (e.g. the *Coal Mining Safety and Health Act 1999* and the *Mining and Quarrying Safety and Health Act 1999*)
- programs to promote and support mental health (non-work-related) delivered at work which are not required under WHS laws.

1. Introduction

The WHS Act defines 'health' to include both physical and psychological health. This means that where the WHS Act imposes a duty in relation to 'health', PCBUs **must** manage risks to both physical and psychological health, so far as is reasonably practicable.

Psychological health occurs on a continuum of responses which workers may experience, with harm occurring at one end of this continuum – see **Figure 1**. An individual's experience may move back and/or forward on this continuum over time. Experiences may include:

- psychological health - a state of wellbeing in which individuals realise their own potential, can cope with the normal stresses of life, can work productively and are able to make a contribution to their community
- reacting in a normative way to negative work events which does not constitute harm
- struggling with exposure to psychosocial hazards, where changes can be made to prevent harm
- psychological injury, where harm is evident.[1]

Figure 1: *Continuum of psychological health*
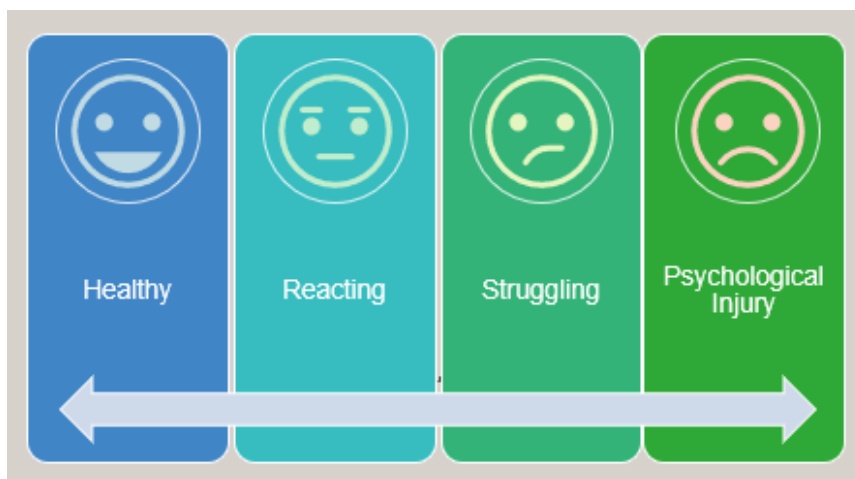
Risks to psychological health are known as *psychosocial risks*. Section 55B of the WHS Regulation defines *psychosocial risk* as a risk to the health and safety of a worker or other person from a psychosocial hazard.

1.1. What are psychosocial hazards?

WHS Regulation section 55A

Meaning of *psychosocial hazard*

A psychosocial hazard is *a hazard that arises from, or relates to, the design or management of work, a work environment, plant at a workplace, or workplace interactions and behaviours and may cause psychological harm, whether or not the hazard may also cause physical harm*. In severe cases exposure to psychosocial hazards can lead to death by suicide.

As shown in **Figure 2**, psychosocial hazards can create harm through a worker's experience of a frequent, prolonged and/or severe stress response, where stress is defined as a person's psychological response (e.g. anxiety, tension) and physiological response (e.g. release of stress hormones, cardiovascular response) to work demands or threats.

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[1] A psychological injury is a disorder or illness that includes a range of recognised cognitive, emotional, physical and behavioural symptoms. These may be short term or occur over many months or years, can significantly affect how a person feels, thinks, behaves, interacts with others, and may impact their work performance.

Figure 2: *Relationship between psychosocial hazards and injury outcomes*
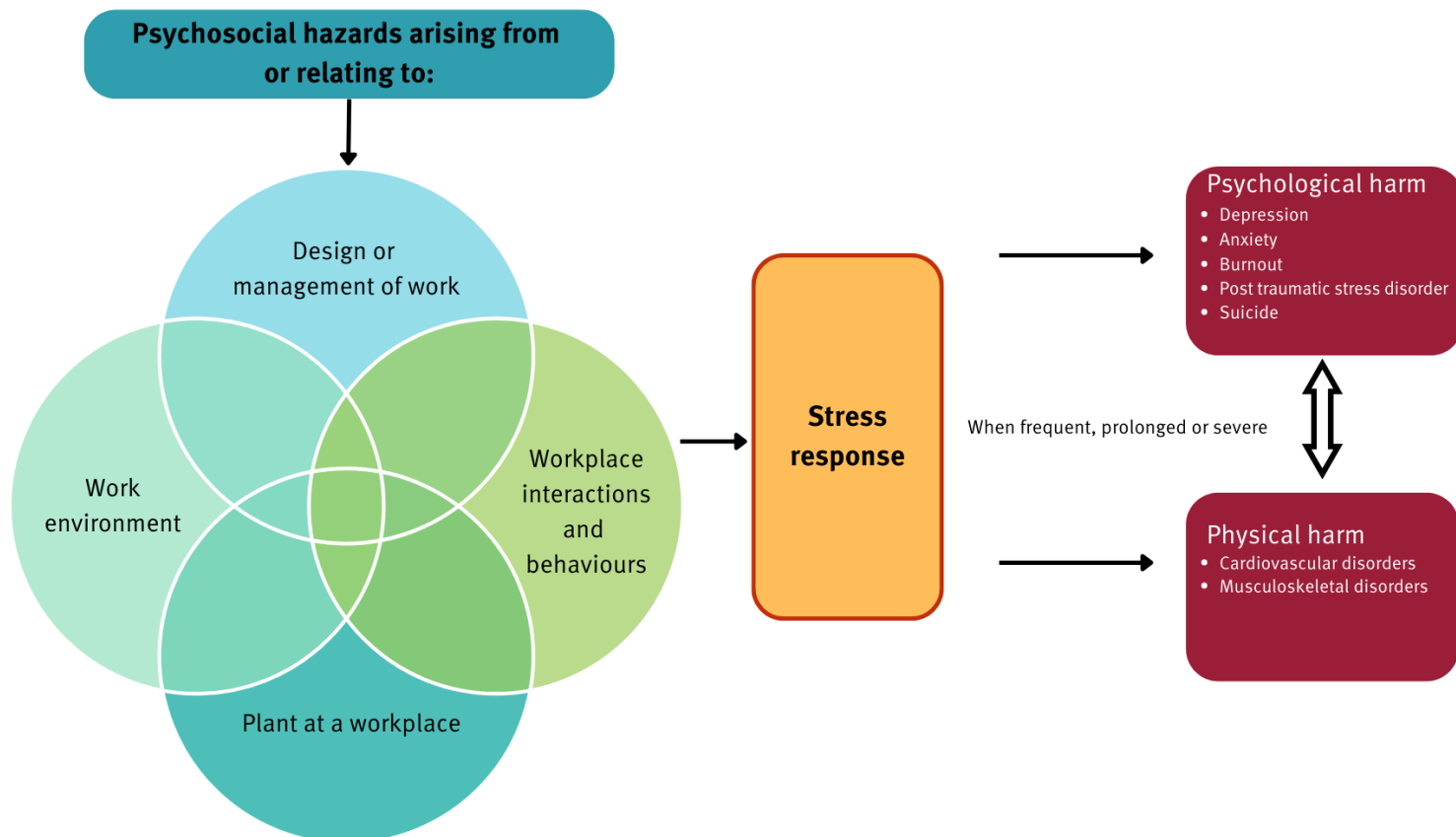
Workers are likely to be exposed to a combination of psychosocial hazards; some hazards may always be present, while others only occasionally. Common psychosocial hazards that arise from, or are related to, work may include:

- **high and/or low job demands**
- **low job control**
- **poor support**
- **low role clarity**
- **poor organisational change management**
- **low reward and recognition**
- **poor organisational justice**

- **poor workplace relationships including interpersonal conflict**
- **remote or isolated work**
- **poor environmental conditions**
- **traumatic events**
- **violence and aggression**
- **bullying**
- **harassment including sexual harassment.**

For further information see section 3.1.1 - common psychosocial hazards.

1.2. Who has a health and safety duty in relation to psychosocial hazards?

A person conducting a business or undertaking (PCBU)

> **WHS Act section 19; WHS Regulation Part 3.1 and Part 3.2, Division 11**
>
> Primary duty of care; managing risks to health and safety; psychosocial risks

A **PCBU must** ensure, so far as is reasonably practicable, the health and safety (including psychological health) of workers:

- engaged, or caused to be engaged by the PCBU
- whose activities in carrying out work are influenced or directed by the PCBU while the workers are at work in the business or undertaking.

PCBUs **must** also ensure, so far as is reasonably practicable, that other persons (e.g. visitors, delivery people, clients, patients and their families) are not put at risk from work carried out as part of the conduct of the business or undertaking.

This includes ensuring, so far as is reasonably practicable:

- the provision and maintenance of a work environment without risks to health and safety
- the provision and maintenance of safe systems of work
- the provision of adequate facilities
- the provision of information, training, instruction or supervision
- that the health of workers and the conditions at the workplace are monitored.

> **Example:** A PCBU **must** ensure, so far as is reasonably practicable, there is a safe work environment, safe systems of work, and sufficient information, training, instruction and supervision to ensure the risk of sexual harassment at work is eliminated or minimised.

A PCBU's duty includes ensuring the health and safety of workers and others from acts by third parties (e.g. patients or their family members, students in educational facilities, and members of the public in retail or hospitality establishments).

PCBUs **must** also manage psychosocial risks in accordance with Part 3.1 of the WHS Regulation. This includes eliminating psychosocial risks, so far as is reasonably practicable, or if it is not reasonably practicable to eliminate psychosocial risks, minimising psychosocial risk, so far as is reasonably practicable. Further information on specific regulatory requirements in relation to psychosocial risks is provided in section 3 of this Code.

A PCBU cannot transfer or delegate these duties to another person.

> **Note:** PCBUs are not required to manage personal health issues or stressors that are not work-related (e.g. family or personal financial issues). However, where a worker chooses to inform their PCBU of a pre-existing psychological injury, or if the PCBU otherwise knows of the pre-existing psychological injury, PCBUs should ensure psychosocial hazards do not create further harm, so far as is reasonably practicable.

PCBU with management or control of workplaces

> **WHS Act section 20**
>
> Duty of PCBUs involving management or control of workplaces

A PCBU with management or control of a workplace **must** ensure, so far as is reasonably practicable, that the workplace, the means of entering/exiting the workplace, and anything arising from the workplace are without risks to the health and safety of any person.

Designers, manufacturers, importers, installers and suppliers of plant, substances, and structures

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WHS Act Part 2 Division 3

Further duties of PCBUs

Designers, manufacturers, importers and suppliers of plant, structures or substances can influence the safety of these products before they are used in the workplace.

These duty holders **must** ensure, so far as is reasonably practicable, these products are without risks to the health (including psychological health) and safety of workers or others who are at or near the workplace.

Example: Taking reasonable steps to design workspaces that reduce the risk of work-related violence and aggression or designing plant to ensure that the cognitive demands for operating it do not create a psychosocial risk.

Officers

WHS Act section 27

Duty of officers

An officer of a PCBU (e.g. company directors, senior managers or executives), **must** exercise due diligence to ensure PCBUs comply with duties under the WHS laws. This includes taking reasonable steps to:

- acquire and keep up-to-date knowledge of work health and safety matters associated with the operations of the business or undertaking (including matters related to psychological health and psychosocial risks)
- gain an understanding of the nature of the operations of the business or undertaking and the psychosocial hazards associated with those operations
- ensure the PCBU has and uses appropriate resources and processes to eliminate or minimise risks from psychosocial hazards
- ensure the PCBU has appropriate processes for receiving and considering information regarding incidents, hazards and risks and responding in a timely way to that information
- verify the provision and use of these resources and processes.

Example: Taking active measures to confirm that the PCBU has allocated sufficient resources to health and safety and has considered risks from psychosocial hazards, implements control measures to manage identified risks, and reviews the effectiveness of those control measures.

An officer's duty is **immediate, positive,** and **proactive,** and is owed by each individual officer of a PCBU.

Further information on who is an officer and officer duties can be found in the Safe Work Australia guidance: *The health and safety duty of an officer*.

Workers

WHS Act section 28

Duties of workers

While at work, a worker **must**:

- take reasonable care for their own health and safety, including psychological health
- take reasonable care their acts or omissions do not adversely affect the health (including psychological health) and safety of other persons
- comply, so far as the worker is reasonably able, with reasonable instructions given by a PCBU
- cooperate with reasonable health and safety policies or procedures issued by a PCBU that have been notified to workers.

Example: workers **must** cooperate with reasonable policies relating to work-related bullying, work-related violence and aggression, sexual harassment or other forms of harassment.

A worker is entitled to cease, or refuse to carry out work, if the worker has a reasonable concern that carrying out the work would expose them to a serious risk to their health or safety, emanating from an immediate or imminent exposure to a hazard (see WHS Act, section 84). A worker who has ceased work **must** notify the PCBU that they have ceased work and remain available to carry out suitable alternative work until it is safe for them to resume normal duties (see WHS Act sections, 86–87).

A person is a worker if the person carries out work in any capacity for a PCBU including work as an employee, a contractor or sub-contractor or their employees, a labour hire worker, an outworker, an apprentice or trainee, a work experience student, or a volunteer (see WHS Act, section 7).

Note: Workers should notify a supervisor if they identify a psychosocial hazard or if they are unclear about how to perform their role safely without risk to their health. If workers are concerned about risk to their health and safety from exposure to psychosocial hazards, they can raise these issues with their PCBU and discuss the matter with a health and safety representative (HSR) (if there is one for the work group) or a member of the health and safety committee (if there is one at their workplace).

Other persons at the workplace

WHS Act section 29

Duties of other persons at the workplace

Other persons at the workplace (e.g. visitors, delivery people, customers, clients, and patients and their families) **must**:

- take reasonable care for their own health and safety
- take reasonable care not to adversely affect other people's health and safety by exposing them to psychosocial hazards
- comply, so far as they are reasonably able, with reasonable instructions given by a PCBU to allow them to comply with the WHS Act.

Example: Visitors and others at a workplace **must** comply with any reasonable behavioural standards instructed by a PCBU, and adhere, so far as reasonably able, to site rules and procedures. This includes standards from the PCBU regarding prohibitions on violence and aggression, bullying and sexual harassment.

1.3. What is reasonably practicable?

> **WHS Act section 18**
>
> What is reasonably practicable in ensuring health and safety

'Reasonably practicable', in relation to a PCBU's duty to ensure health and safety, means that which is, or was at a particular time, reasonably able to be done to ensure health and safety, taking into account and weighing up all relevant matters including:

- the likelihood of the hazard or the risk concerned occurring
- the degree of harm that might result from the psychosocial hazard or risk
- the availability and suitability of ways to eliminate or minimise the risk
- what the person concerned knows, or ought reasonably to know, about the hazard or risk, and about the ways of eliminating or minimising the risk
- after assessing the extent of the risk and the available ways of eliminating or minimising the risk, the cost associated with available ways of eliminating or minimising the risk, including whether the cost is grossly disproportionate to the risk.

In practical terms, this means that all the relevant matters in relation to the hazard and its risk are taken into account and weighed up to achieve a balance that provides the highest level of protection that is possible and reasonable in the circumstances.

This Code informs what may be reasonably practicable in ensuring health and safety, particularly information which outlines:
- common psychosocial hazards
- metrics, data sources, and risk assessment measures/methods that can be used to determine the likelihood of risk and the degree of harm that might result from psychosocial hazards
- examples of risk control strategies.

Additionally, in determining what is reasonably practicable, PCBUs may need to consider their obligations under other legislation that requires or prohibits certain activities. Where legislative duties interact, a PCBU **must** do what it is reasonably practicable while complying with other legislation and should take interacting legislation into account as part of their risk management process.

The question of what is reasonably practicable is determined objectively (that is, by what a reasonable person in the position of the PCBU would do in the circumstances), not by reference to a PCBU's capacity to pay or other individual circumstances. A PCBU cannot expose people to a lower level of protection simply because it is in a lesser financial position than another PCBU facing the same hazard or risk in similar circumstances.

Further information on what is 'reasonably practicable' is provided in the Safe Work Australia guide: *How to determine what is reasonably practicable to meet a health and safety duty*.

1.4. Other legislation

While the scope of this Code is limited to duties under the WHS Act, there are several other laws that duty holders should be aware of that are relevant to psychosocial hazards and may also apply, e.g., industrial relations, criminal, anti-discrimination, human rights, privacy, and workers' compensation laws (see Appendix 1).

The Queensland WHS regulator's jurisdiction is not to enforce the legislation listed in Appendix 1 but to ensure risks to health and safety are being managed as required under the WHS Act.

2. Consultation, cooperation, coordination

2.1. Consulting workers

> **WHS Act sections 47, 48 and 49**
>
> Duty to consult workers; nature of consultation; when consultation is required

PCBUs **must** consult, so far as is reasonably practicable, with workers who carry out work for the business or undertaking and who are (or are likely to be) directly affected by hazards. The term 'workers' includes anyone carrying out work in any capacity for the business or undertaking, including contractors and their employees, labour hire workers, outworkers, apprentices, trainees, work experience students and volunteers.

> **Examples of workers affected, or likely to be affected, by a psychosocial hazard include:**
>
> - health care workers working directly with patients who may exhibit violent or aggressive behaviour
> - workers affected by an organisational change (e.g. a merger or acquisition) where workers may experience poor change management or a lack of role clarity
> - call centre workers during, or following, a natural disaster
> - shift workers, or workers who work in remote or isolated circumstances, who may be exposed to social isolation, violent behaviour or sexual harassment.

Effective consultation with workers improves decision-making about health and safety matters and assists in reducing work-related injuries and illness. Workers can identify tasks or aspects of their work that cause or expose them to psychosocial hazards and may have practical suggestions or potential solutions to address those hazards. For example, workers may have ideas to improve work design to minimise the risks of psychological injury.

Consultation with workers **must** occur when:

- identifying psychosocial hazards and assessing risks to psychological health and safety (see section 3 – How to manage psychosocial risks and hazards)
- making decisions about ways to eliminate or minimise those risks (e.g. what control measure(s) to put in place)
- making decisions about the adequacy of facilities for the welfare of workers
- proposing changes that may affect the health or safety of workers
- making decisions about procedures for:
  - consulting workers
  - resolving health or safety issues at the workplace
  - monitoring the health of workers
  - monitoring the conditions at a workplace under the management or control of a PCBU, or providing information and training for workers.

Methods for consultation can vary according to workforce size, worker distribution across sites and shifts, the nature of the work and the type of psychosocial hazards that may be present. Therefore, PCBUs may need to use multiple methods of consultation.

> **Examples of consultation methods include:**
>
> Focus groups, worker surveys, WHS committee meetings, consultative committees, or team meetings and/or individual discussions.

The procedure(s) for consultation **must** be decided in consultation with workers and, if there is an agreed procedure for consultation, this procedure **must** be followed.

Note: Workers may be hesitant to raise and discuss psychosocial hazards due to privacy or other concerns, particularly in relation to hazards like work-related bullying or sexual harassment. PCBUs may consider consultation processes that address such concerns. This may include anonymous surveys or reporting, particularly where workers are in insecure or precarious work arrangements, such as casual employment.

When consulting with workers PCBUs **must**:

- share relevant information about the matter being consulted on
- give workers a reasonable opportunity to express their views, raise psychological health and safety issues, and contribute to the decision-making process
- take the views of workers into account before making decisions on health and safety matters
- advise workers of the outcome of consultation.

If workers are represented by a HSR, consultation must involve that HSR.

HSRs have a specific role to:

- represent members of their work group in matters relating to work health and safety
- monitor the measures taken by the PCBU or their representative to comply with the WHS Act in relation to workers in their work group
- investigate complaints from members of the work group relating to work health and safety
- inquire into anything that appears to be a risk to the health or safety of workers in their work group, arising from the conduct of the business or undertaking.

HSRs have a critical role not only in raising and helping to resolve issues on behalf of their work group, but also in reviewing processes following an incident.

During consultation, workers should be encouraged to share their knowledge and experience, report psychosocial hazards immediately so risks can be managed, and suggest ways of addressing risks.

Consultation with workers should be a regular and ongoing process, and not occur as a once-off, as it allows for potential problems to be identified and fixed early.

Example: the effectiveness of control measures **must** be regularly reviewed in consultation with workers and their HSR(s).

Further guidance on how to consult workers is available in the *Work health and safety consultation, cooperation, and coordination Code of Practice 2021*.

2.2. Consulting, cooperating, and coordinating activities with other duty holders

WHS Act sections 14, 16, 46 and 272

Duties not transferrable; more than one person can have a duty; duty to consult with other duty holders; no contracting out

The nature of work being undertaken may mean more than one person has the same duty at the same time.

Examples of concurrent duty holders include:

- PCBUs who are carrying out work on the same site (e.g. where work schedules and deliveries need to be coordinated to avoid unreasonable time pressures or to obtain safe site access, or where visiting care workers need to know if a client's behaviour may be a risk to their health and safety).

- PCBUs who together, deliver a service (e.g. government agencies who establish the systems and policies that affect the work activities of others).

- PCBUs who have management or control of a workplace where others are working (e.g. medical workers working independently from a shared workspace, a construction site with multiple contractors operating, or multiple government agencies within one shared building).

When this occurs, each duty holder retains responsibility for their duty in relation to the matter and **must** discharge their duties to the extent to which they:

- have the capacity to influence or control the matter, or
- would have the capacity but for an agreement or arrangement purporting (e.g. appearing or claiming) to limit or remove that capacity.

Duty holders cannot transfer their duty to another person (WHS Act, section 14) or contract out their health and safety duties (WHS Act, section 272). Duty holders can make arrangements or agreements with other duty holders to assist with meeting their duties.

Consult with other duty holders

Where more than one person has a duty in relation to the same matter under the WHS Act, each person **must**, so far as is reasonably practicable, proactively consult, cooperate and coordinate activities with each other. Where a duty is shared, each duty holder should:

- exchange information
- find out who is doing what about their respective WHS obligations
- work together in a cooperative and coordinated way so risks are eliminated or minimised, so far as is reasonably practicable.

Examples of consulting, cooperating and coordinating with concurrent duty holders include:

- A PCBU who engages labour hire workers, and the labour hire company who supplies the workers, both have WHS duties to ensure the health and safety of the workers. Both PCBUs **must** consult and cooperate to discharge their WHS duties. This could include consulting about realistic timeframes and coordinating work to ensure the risk of high work demand is minimised.

- A PCBU who engages a contractor(s) to carry out remote shut down or maintenance work may need to consult with the contractor(s) about how to manage risks from exposure to psychosocial hazards such as remote work and social isolation.

Further guidance on how to consult with concurrent duty holders is available in the *Work health and safety consultation, cooperation and coordination Code of Practice 2021*.

3. How to manage psychosocial risks and hazards

> **WHS Act section 17; WHS Regulation Part 3.1 and Part 3.2, Division 11**
>
> Management of risks; Managing risks to health and safety; Psychosocial risk

PCBUs **must** manage psychosocial risk in accordance with Part 3.1 of the WHS Regulation. This includes identifying hazards, eliminating or minimising risks, controlling risks in accordance with the hierarchy of controls, and maintaining and reviewing control measures. This process is often referred to as the risk management process – see **Figure 3**.

All of these steps **must** be supported by consultation (see Section 2– Consultation, cooperation, coordination).

Figure 3: *The risk management process*

Examples of scenarios applying this framework to psychosocial risks are provided at Appendix 2.

3.1. Identifying psychosocial hazards

> **WHS Regulation section 34**
>
> Duty to identify hazards

In managing risks to health and safety, PCBUs **must** identify reasonably foreseeable psychosocial hazards that could give rise to risks to health and safety. Psychosocial hazards can arise from or relate to:

- the design or management of work (e.g. the way tasks or jobs are designed, organised and managed)
- a work environment (e.g. a requirement to undertake duties in hazardous environments),
- plant at a workplace (e.g. the equipment), or
- workplace interactions or behaviours (e.g. social factors at work and the way workers and others behave, including work-related bullying, work-related violence and aggression, sexual harassment, and other forms of harassment such as harassment due to age, disability or race).

When identifying psychosocial hazards, PCBUs **must** consult with workers, other duty holders, and HSRs where elected (see section 2 – Consultation, cooperation, coordination).

3.1.1. Common psychosocial hazards

Psychosocial hazards and their effects are not always obvious. Some psychosocial hazards, when present at low levels over a long period of time, can accumulate to significantly affect psychological health. Other psychosocial hazards may cause more immediate harm, such as a single stressful event. In many circumstances, psychosocial hazards will interact and combine to create the risk of harm.

Examples of the effects and interaction of psychosocial hazards include:

- Challenging work hours or shift work or working in fly-in fly-out work for many years can lead to depression or burnout.

- Exposure to a traumatic event may lead to the development of an acute stress response and/or post-traumatic stress disorder (PTSD).

- The nature of the work of a corrections officer means they can be exposed to unpredictable and sometimes violent behaviour of prisoners, periods of monotony, high levels of noise and shift work. These are examples of high and low job demands, low job control, poor environmental conditions and work-related violence and aggression, which in combination may lead to harm when exposure is frequent, prolonged or severe.

Table 1 below lists common psychosocial hazards that should be considered during the hazard identification stage. While this Code outlines common psychosocial hazards, additional psychosocial hazards may be present or new types of psychosocial hazards may emerge from contemporary research and should also be considered.

Table 1: *Common psychosocial hazards*

Hazard	Description
High and/or low job demands	Sustained or intense high levels of physical, mental or emotional job demands which are excessive, unreasonable or chronically exceed workers' capacity; or sustained very low levels of mental demands from the job (e.g. monotonous work). A job can involve a combination of low or high physical, mental and emotional demands. **Examples:** time pressure, role overload, unachievable deadlines, high vigilance, challenging work hours or shift work, unrealistic expectations to be responsive outside work hours.
Low job control	Workers having little or no control over what happens in their work environment, how or when their work is done or the objectives they work towards. **Examples:** requiring permission before progressing routine tasks; excessive monitoring of work tasks and/or breaks; unpredictable working hours; little or no involvement or input into decisions that affect workers; insecure or precarious work, or work that involves uncertainty over the length of the job, such as casual, labour hire or rolling fixed-term contract work.
Poor support	Tasks or jobs where workers have inadequate emotional and/or practical support from supervisors and/or co-workers; inadequate training or information to support their work performance; or inadequate tools, equipment or resources to do the job. **Examples:** poorly maintained or inadequate access to equipment/tools or supervisory support, lack of functional or adequate IT systems, limited opportunities to engage with co-workers during the work shift.

Hazard	Description
Low role clarity	Jobs where there is uncertainty about, or frequent changes to, tasks and work standards; where important task information is not available to workers; or where there are conflicting job roles, responsibilities, or expectations. **Examples:** a worker being told one task is a priority but another manager disagrees, a worker being given multiple priority tasks from different managers, a worker being given conflicting information about work standards and performance expectations.
Poor organisational change management	Organisational change management that is poorly planned, communicated, supported, or managed. **Examples:** not consulting workers on changes in the workplace that affect them (e.g. not communicating with workers about the change or genuinely considering their views), lack of practical support for workers during implementation of workplace changes.
Low reward and recognition	Jobs where there is an imbalance between workers' effort and recognition or rewards, both formal and informal. **Examples:** not being recognised for extra effort or commitment, no reasonable opportunities for career development.
Poor organisational justice	A lack of procedural fairness (fair processes to reach decisions), informational fairness (keeping relevant people informed), or interpersonal fairness (treating people with dignity and respect). **Example:** inconsistent, unfair, discriminatory or inequitable decisions and application of policies or procedures.
Poor workplace relationships including interpersonal conflict	Poor relationships or conflict between workers, managers, supervisors, co-workers or others with whom workers are required to interact. Frequent or excessive disagreements, disparaging or rude comments, either from one person or multiple people. **Examples:** Unresolved and excessive conflict regarding work tasks, processes, customers, interpersonal issues.
Remote or isolated work	Work that is isolated from the assistance of other persons because of location, time, or the nature of the work. This may include work at locations where access to resources and communications is difficult and travel times are lengthy. Isolated work includes work where there are no or few other people around or where workers are required to live away from home for extended periods. **Examples:** farmers; a community nurse conducting visits at night; night shift operators in petrol stations; fly-in, fly-out (FIFO) workers; workers who spend a lot of time travelling (e.g. driving); workers working alone from home or socially isolated away from home over protracted periods of time.
Poor environmental conditions	Exposure to hazardous work environments that create a stress response. **Examples:** work environments that involve poor air quality, high or nuisance noise levels, extreme temperatures, or uncontrolled biological hazards (e.g. blood or bodily fluids or infectious pathogens).
Traumatic events	Investigating, witnessing, or being exposed to traumatic events. This may include reading, hearing or seeing accounts of traumatic events. A person is

Hazard	Description
	more likely to experience an event as traumatic when it is unexpected, is perceived as uncontrollable, and where there is a threat to life or safety or is the result of intentional cruelty.
	Examples: witnessing or investigating fatalities, serious injuries, abuse, neglect or serious incidents (e.g. investigating child protection cases); being exposed to extreme effects of natural disasters or seriously injured people.
Violence and aggression	Any incident where a person is abused, threatened, or assaulted at work or while they are carrying out work. This includes abuse, threats or assaults by workers, clients, patients, visitors, or others.
	Examples: Biting, spitting, kicking, throwing objects, using or threatening to use a weapon, verbal abuse and threats, aggressive behaviour such as yelling, or physical intimidation.
Bullying	Repeated and unreasonable behaviour directed towards a worker or group of workers that creates a risk to health and safety. This includes bullying by workers, clients, patients, visitors, or others.
	Repeated behaviour refers to the persistent nature of the behaviour and can involve a range of behaviours over time.
	There is no specific number of incidents required for the behaviour to be repeated, nor does the same specific behaviour have to be repeated; however the pattern of behaviour must demonstrate a persistent nature.
	Unreasonable behaviour means behaviour that a reasonable person, having considered the circumstances, would see as unreasonable, including behaviour that is victimising, humiliating, intimidating, or threatening.
	Examples: repeated incidents of practical jokes or initiation, spreading misinformation or malicious rumours, belittling or humiliating comments, being verbally denigrated or threatened.
	Note: Reasonable management action taken in a reasonable way is not work-related bullying. In relation to work-related bullying, 'reasonable management action' (e.g. performance management or administrative actions) when carried out lawfully and in a reasonable way, while potentially uncomfortable or distressing to some, is a legitimate way for managers and supervisors to: • lead, direct and control how work is done • give feedback and manage performance, including around inappropriate or harmful workplace behaviours • deal with differences of opinion and disagreements, or • recruit, assign, transfer and or terminate employment. For more information on work-related bullying see the Safe Work Australia publication: *Guide for preventing and responding to workplace bullying*.
Harassment including sexual harassment	Harassment in relation to personal characteristics such as age, disability, race, sex, relationship status, family responsibilities, sexual orientation, gender identity, or intersex status.
	Sexual harassment - any unwelcome conduct of a sexual nature that is done either to offend, humiliate or intimidate another person, or where it is reasonable to expect the person might feel that way. It includes uninvited physical intimacy such as touching in a sexual way, uninvited sexual propositions, and remarks with sexual connotations.
	This includes sexual harassment by workers, clients, patients, visitors, or others.

Hazard	Description
	Examples: telling insulting jokes about particular racial groups; making derogatory comments or taunts about someone's disability; asking intrusive questions about a person's body; staring, leering or unwelcome touching; sexual or suggestive comments, jokes or innuendo; unnecessary familiarity, such as deliberately brushing up against a person.

Further examples of common psychosocial hazards and situations that may lead to them arising are provided in Appendix 3.

3.1.2. Factors that may put some workers at higher risk

Like physical hazards, some workers may be at greater risk from psychosocial hazards. Consulting workers will assist with identifying those who may be at greater risk, and what additional controls can be implemented to eliminate or minimise the risk for these workers, so far as is reasonably practicable.

Examples of workers who may be at higher risk include workers with:

- limited work experience (e.g. young workers, apprentices or trainees)
- barriers to understanding safety information (e.g. literacy or language)
- perceived barriers to raising safety issues (e.g. workers engaged in insecure or precarious work)
- certain attributes, such as sex, race, religious beliefs, pregnancy, gender identity, sexuality, age, or a combination of these attributes
- an injury or illness preventing them from performing their full or normal duties.

3.1.3. How to identify psychosocial hazards

Psychosocial hazards can arise from organisation-wide systems, work practices, work environments and workplace behaviours, or they can be specific to a task or job. Depending on the circumstances, hazard identification may need to be undertaken at an organisational level (e.g. a survey of all workers or a review of relevant data for all workers), or a task/role-specific level (e.g. gathering information from individual workers or work teams), or a combination of both.

When identifying psychosocial hazards, workers and HSRs (if applicable) **must** be consulted.

Depending on the circumstances, methods for identifying psychosocial hazards may include a combination of observing the workplace, consulting workers, consulting supply chains and networks, or collecting and reviewing available information.

Observing the workplace

To help identify psychosocial hazards, PCBUs can observe the workplace. This includes observing how work is performed and how people interact with each other.

Things to look out for include:

- How is work performed, including the physical, mental and emotional demands of the tasks and activities? (e.g. are workers rushed? Is work delayed? Is there a work backlog?)
- How do workers, managers, supervisors and others interact and how are inappropriate behaviours or conflicts dealt with? (e.g. are workers, customers and clients respectful?)
- Are there problems with service delivery, poor relationships, the presence of emotional distress, or cultural or community issues that could lead to conflict or violence at work?

- Does the culture at work support or tolerate inappropriate behaviour? (e.g. are behaviours like name-calling; teasing; racist, sexual or gendered jokes or vilification; crude language; swearing; or hazing new or young workers ignored or tolerated?)
- Have any changes occurred at work which may affect psychological health? (e.g. are workers being adequately informed about organisational change?)
- Does the work environment create psychosocial hazards? (e.g. are workers isolated or exposed to biological hazards such as uncontrolled infectious pathogens or bodily fluids?)
- Does the nature of the work inherently involve psychosocial hazards and how frequently is this occurring? (e.g. how often are workers exposed to traumatic events?)
- What are the working arrangements? Do they pose psychosocial risks to workers and others? (e.g. are workers working alone, in contact with the public, or engaged in shift work or working after hours?)
- Does the workplace support behaviours that promote psychological health? (e.g. is work-life balance encouraged? Are reasonable working hours maintained? Is communication inclusive and respectful? Is return to work following injury proactive and supportive?)

Consulting workers

WHS Act sections 47, 48, 49

Duty to consult workers; nature of consultation; when is consultation required

PCBUs **must** consult workers when identifying hazards and assessing risks to health and safety (see section 2 – Consultation, cooperation, coordination). Workers will generally be aware of aspects of work which create, or are likely to create, psychosocial hazards and may have suggestions on how to manage these hazards.

The form and methods of consultation **must** be decided in consultation with workers and, if there is an agreed procedure for consultation, this procedure **must** be followed. Additionally, where there is an elected HSR for a work group, PCBUs **must** also consult with the HSR when identifying hazards and assessing risks affecting the work group.

Examples of feedback to look out for during consultation with workers includes comments about feeling:

- stressed or emotionally exhausted by workload
- anxious or scared about an aggressive customer or client
- humiliated, degraded or undermined by sexual harassment, other forms of harassment, discrimination, or bullying
- coerced to work beyond capacity
- angry about policies being applied unfairly
- confused about what their role involves, torn between competing priorities or 'feeling like a failure' for not being able to meet unrealistic expectations
- distressed or unable to sleep from exposure to traumatic situations or content
- concerned that information, training and instruction is inadequate
- concerned about understaffing.

Consulting supply chains and networks

PCBUs can talk to suppliers or those commissioning services to understand needs and identify any potential psychosocial hazards.

Example of psychosocial hazards might arise across supply chains:

Pressure to:

- deliver services in very tight timeframes which reduce workers' opportunities to rest, or
- delay service delivery for long periods which may increase client aggression.

Collecting and reviewing available information

Data can be used to identify psychosocial hazards. For example, data can be systematically collected and reviewed across a period to identify common themes and trends. Data alone may not specifically identify psychosocial hazards, but trends may emerge when considered with other methods to identify hazards.

Table 2 provides examples of data that may be available and what to look for when trying to identify psychosocial hazards.

Table 2: *How to examine and interrogate workplace data*

Data source	What to look for
Records of leave	Look for: • increasing rates of unplanned leave for the work unit, region or department compared to the whole organisation • types of leave in summary information and frequency data • excessive unused recreation leave balances or patterns of use such as frequently taking unplanned leave which could be associated with unpleasant working conditions and work-related stress.
Hours of work	Look for any data related to planned hours of work, actual hours of work that may cause fatigue, excessive overtime, shifts that are not well managed, or not taking rest breaks during shifts.
Workers' compensation claims	Look for: • patterns and trends recorded for workers' compensation claims that can provide information about psychosocial hazards and risks in a workplace • increasing rates of psychological injury claims and/or increased severity of psychological injury claims • mechanisms of injury associated with psychological injury claims, return to work data, and the actions taken in the workplace to prevent further injury or illness.
Grievance information	Look for records in relation to grievances at work that indicate conflict, organisational injustice, lack of role clarity, harassment, discrimination, work-related violence and aggression, and work-related bullying.
Incident and injury records	Look for dates and times that coincide with other events or trends. The pattern of small and large incidents can provide insight into psychosocial hazards. Incidents may be internal or external and include security incidents or records of police attendance.
Employee assistance program	Look for summary data such as program usage or types of issues managed which can indicate either positive or negative trends (e.g. proportion of work-related reasons for referral compared to personal reasons for referral, number of referrals citing work-related stress, work-related bullying, or exposure to critical events as the presenting problem). Where possible, compare with employee assistance trends in similar industries.
Industrial relations records	Look for records of industrial relations disputes which could be associated with psychosocial hazards that are not managed or controlled effectively and indicate levels of job satisfaction in the workplace.
Minutes of meetings	Look for unresolved and reappearing worker issues over time, such as workload and changes in work roles. This can be done by reviewing previous minutes from work health and safety meetings, toolbox talks and staff meetings.
Issue resolution records	Look for work health and safety issues involving psychosocial hazards such as work-related bullying, harassment, incidents, and stress reports.
Workplace surveys	Look for worker dissatisfaction regarding: • leadership or management styles • management of conflict at work

Data source	What to look for
	• reward and recognition of effort (e.g. remuneration and career opportunities) • job security • working conditions and work schedules • consultation • communication and involvement in decision making • role clarity and control over workload • levels of support, social or physical isolation.
Turnover data (including exit surveys or interviews)	Look for: • data that shows higher than normal turnover rates • reasons for leaving that include workload, lack of support or the mention of any bullying, conflict or organisational injustice.
Recruitment	Look for: • the difficulty or ease with which new workers can be recruited • the time taken to hire compared to industry averages (keeping in mind that for some specialist roles recruitment can be more difficult) • any reviews posted by current or former workers on organisation review websites that mention workload, bullying or support.
Local crime statistics	Look for data about frequency and severity of risk of violence in the local community.

Additional considerations when identifying the risk of work-related violence and aggression

In addition to the hazard identification methods outlined above, the following potential sources of violence and aggression should be considered when trying to identify the risk of work-related violence and aggression.

External violence and aggression

External violence and aggression is usually associated with robbery or other crimes where the perpetrator is someone from outside the organisation.

Examples of external violence and aggression include:

• a sales assistant, working alone at night, threatened with a knife and robbed
• armed robbery of restricted drugs from a pharmacy
• domestic violence that occurs while a worker is working from home
• a delivery driver who is spat on and verbally abused by a customer
• a receptionist experiencing domestic violence, which extends to their work via abusive visits and phone calls.

Service-related violence and aggression

Service-related violence and aggression may arise when providing services to clients, customers, patients, or prisoners.

Examples of service-related violence and aggression include:

• assault of a paramedic by a patient receiving medical attention
• a Child Safety Officer stabbed with a fork by a child while conducting a home visit
• a nurse slapped by a patient who wakes up in a confused state after surgery
• a hospitality worker who is threatened by an intoxicated patron after refusing to provide service
• a teacher pushed over while intervening in a schoolyard brawl
• a police officer who is verbally abused by a motorist while directing traffic.

Internal violence and aggression

Internal violence and aggression can arise within the work environment from other co-workers, supervisors, or managers. While internal work-related violence and aggression can occur in isolation, with no other psychosocial hazards present, it may also occur as a result of multiple psychosocial hazards not being managed effectively (e.g. low job control, poor organisational justice and poor relationships at work).

Examples of internal violence and aggression include:

- shouting at a co-worker who makes a mistake
- pushing or hitting a co-worker during a disagreement
- humiliating or threatening comments made via social media or during a virtual meeting
- intimidating or insulting new workers as part of a hazing process
- racial harassment by a co-worker
- sexual harassment of a co-worker at a work function.

Factors that increase the risk of work-related violence and aggression

- Working in high-risk occupations such as doctors, nurses, ambulance officers, welfare workers, police officers, corrections officers, child safety officers, firefighters, community workers, teachers, debt collectors, front-office workers, call centre workers, cashiers, security guards, bus drivers, and taxi drivers.
- Working alone, or in a remote area where it is difficult to call for help (e.g. working offsite, in the community, or in a client's home).
- Enforcement activities, such as the activities of police, corrections officers or parking inspectors.
- Communicating face-to-face with customers.
- Handling valuable or restricted items (e.g. cash or medicines).
- Working in high crime areas.
- Providing care or services to people who are distressed, confused, cognitively impaired, afraid, ill, affected by drugs and/or alcohol or, experiencing unwelcome or coercive treatment.
- Service methods that cause or escalate frustration, anger, misunderstanding or conflict (e.g. long waiting times, denying someone service, an absence of queue management leading to queue jumping).
- An absence of trauma-informed practices[2] may further exacerbate risk in dealing with certain clients, particularly for those with a history of trauma accessing services in institutional environments.
- High levels of exposure to other psychosocial hazards such that workers experience stress, frustration, or conflict.
- Poor workplace environmental design and layout (e.g. unrestricted access to the workplace by members of the public, poor visibility of work areas, unsecured furniture in areas with clients at risk of aggressive behaviour).
- Low worker diversity, power imbalances along gendered lines, or a workplace culture which accepts and tolerates gendered violence.
- Inadequate training, information or instruction provided to staff.

Additional considerations when identifying the risk of work-related bullying

In addition to the hazard identification methods outlined above, the following should be considered when identifying the risk of work-related bullying. Work-related bullying by an individual or group can occur by itself, with no other psychosocial hazards present, or it may also occur as an inappropriate response to other psychosocial hazards occurring in combination that are not being managed (e.g. an inappropriate response to high job demands, lack of role clarity and inadequate support).

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[2] *See Table 4 for an explanation of trauma-informed approaches.*

Factors that increase the risk of work-related bullying
- High levels of exposure to other psychosocial hazards such that workers are experiencing stress, frustration, uncertainty, or conflict.   - A workplace that normalises inappropriate behaviours at work or lack of behavioural standards being implemented.   - No action taken when work-related bullying complaints or reports are made.   - Certain leadership styles (e.g. behaviour where punishment or negative responses from leaders is unpredictable, autocratic behaviour that is strict and directive and does not allow workers to be involved in decision making, or hands off or passive approaches that provide little constructive feedback or direction).   - Poor work relationships.   - Being a member of a vulnerable workgroup (e.g. young workers, apprentices or trainees, workers in a minority group because of ethnicity, religion, disability, gender or sexual preferences, casual workers or new workers, injured workers and workers on return-to-work plans, volunteers, work experience students and interns).   - Inadequate training, information or instruction provided to staff.

3.2. Assessing psychosocial risk

Once psychosocial hazards have been identified, PCBUs should assess the level of risk the identified hazards may present. This will help determine what control measures are reasonably practicable in the circumstances.

3.2.1.   When to do a risk assessment

A risk assessment (or multiple/dynamic risk assessments) should be carried out for any psychosocial hazards that have been identified where the risk of the hazard(s), or accepted control measures, are not well-known. This includes where there is uncertainty about the:

- likelihood or severity of consequences
- how a psychosocial hazard may result in injury or illness
- how psychosocial hazards may interact or combine to create new or greater risks
- how changes at work may impact the effectiveness of control measures, or
- ways of eliminating or minimising the risk.

Example: A large health service may conduct a general psychosocial risk assessment as well as separate risk assessments for:

- worker exposure to a range of psychosocial hazards in its high-volume call centre
- worker exposure to work-related violence and aggression in the emergency room
- work-related bullying of junior staff such as nurses or doctors, and
- nurses and allied health workers visiting patients' homes to conduct home assessments.

However, where psychosocial hazards and their risks are well recognised, and have well-known and accepted control measures within an industry, those control measures can be implemented without undertaking a further risk assessment.

Example: The use of security screens, remote locking mechanisms or duress alarms within service industries (e.g. a bank, or health service setting) to control the risk of exposure to work-related violence and aggression from clients.

When this occurs, these control measures **must** be reviewed and, as necessary, revised to confirm they are working as intended and continue to be effective (see section 3.4.2 – Reviewing control measures).

Additional considerations when assessing the risk of work-related violence and aggression

The serious nature of work-related violence and aggression means that even if the likelihood of the behaviours occurring is low, the severity of harm that can result can be very high. For this reason, where the risk of work-related violence and aggression is inherent in the nature of the work, a separate risk assessment specific to work-related violence and aggression should be conducted. This may include consideration of the risk associated with individual clients who have a history of violence or aggression.

Examples: The risk of work-related violence and aggression may be inherent in work involving field-based police officers, corrections officers, healthcare workers working with violent patients, first responders, child safety officers, call centre workers, and public transport operators such as bus drivers.

Other psychosocial hazards should still be considered as part of a risk assessment for work-related violence and aggression, as a combination of psychosocial hazards can increase the risk of harm.

Example: Role overload, poor support, and remote work can combine to increase the risk of work-related violence and aggression.

3.2.2.   How to conduct a risk assessment

To assess the risk of harm from psychosocial hazards, PCBUs need to identify the worker(s), and others, likely to be affected and consider:

- the **duration** - how long are workers and others exposed to the hazard(s)?
- the **frequency** - how often are worker(s) and others exposed to the hazard(s)?
- the **severity** of their exposure - how stressful do worker(s) find the psychosocial hazard to be?
- how psychosocial hazards may interact or combine to increase the risk.

Example 1: Infrequent exposure to low levels of work-related conflict may be unpleasant without causing a risk to health and safety, while frequent exposure to high levels of conflict can increase the likelihood of a prolonged stress response which may result in harm.

Example 2: A worker exposed to a short term but severe hazard (e.g. a violent incident) is more likely to experience harm if they are also exposed to chronic (long duration) psychosocial hazards (e.g. ongoing high demand and low support).

Example 3: Keeping cash on premises provides the potential for a robbery to occur (a hazard) and this may cause harm (e.g. being assaulted or post-traumatic stress disorder). However, while the work environment, including physical barriers, may mean the likelihood of death or serious injury from being assaulted is low, the likelihood of psychological injury may be higher.

Example 4: A worker exposed to aggressive customer behaviour is likely to be at higher risk if at that time they do not have other workers present to support them and are unable to control or alter the way they work to de-escalate the situation.

When assessing risk, PCBUs must consult with workers, other duty holders, and HSRs where elected (see section 2 – Consultation, cooperation, coordination).

Depending on the circumstance, it may also be appropriate to consult:

- industry experts
- hazard experts (e.g. a human factors specialist or organisational psychologist where there are complex psychosocial risks present or security professionals where there is a risk of work-related violence and aggression), and/or

- experienced WHS professionals who can assist with conducting a risk assessment and communicating the results to workers and their HSRs.

The following resources may assist with conducting a risk assessment:

People at Work risk assessment survey People at Work is a free, validated psychosocial risk assessment survey available via a self-managed digital platform. The survey assesses several of the most common psychosocial hazards. People at Work enables workplaces to identify, assess and control risks to psychological health at work.	**Suitable for:** workplaces larger than 20 workers. **Resources required:** person/s to manage the implementation of the process.	**People at Work**
Psychosocial risk assessment A template for conducting a psychosocial risk assessment. The template also provides a risk management plan to help implement controls for the risks identified and an evaluation plan to track the effectiveness of controls.	**Suitable for:** all businesses. **Resources required:** person/s to conduct the risk assessment and implement controls.	**Psychosocial risk assessment**
Focus group guide The focus group guide provides help on how to prepare and conduct a focus group, as well as how to analyse focus group data and report on findings. Focus groups are a powerful tool to help you engage in consultation with workers.	**Suitable for:** all businesses. **Resources required:** person/s to conduct the focus group(s) and review data and implement controls. Participants allowed work time to attend the focus group session(s).	**Focus group guide**

The use of other reliable and valid tools or methods for conducting a risk assessment is acceptable, and it is up to the PCBU to decide which method to use, based on their circumstances and consultation with workers and HSRs.

> **It is recommended that a written record of risk assessments be kept.**

Further information on how to conduct a risk assessment can be found in the *How to manage work health and safety risks Code of Practice 2021.*

3.3. Controlling the risk of psychosocial hazards

> **WHS Act section 17; WHS Regulation section 35**
>
> Management of risks; Management of risk

Under the WHS Act, a duty to ensure health and safety means PCBUs **must** eliminate risks to health and safety, so far as is reasonably practicable. If it is not reasonably practicable to eliminate risks to health and safety, the risks **must** be minimised so far as is reasonably practicable. To achieve this, PCBUs **must**:

- have regard to relevant matters when determining control measures for psychosocial risks, and
- implement control measures in accordance with the hierarchy of controls.

Matters to have regard to when determining control measures

WHS Regulation section 55D

Determining control measures for psychosocial risks

In determining which control measures to implement for psychosocial risks, PCBUs **must** have regard to all relevant matters listed in **Table 3**. PCBUs **must** also consult with workers, HSRs (if elected), and other duty holders (see section 2 – Consultation, cooperation, coordination).

Table 3: *Matters to have regard to when determining control measures for psychosocial risk*

The duration, frequency, and severity of the exposure of workers and other persons to psychosocial hazards	The following factors will help determine suitable control measures: • how long workers are exposed to psychosocial hazards (e.g. poor organisation change management over weeks or months) • how often they are exposed (e.g. long shift patterns of remote and isolated work) • how severe the exposure may be (e.g. exposure to sexual harassment or a traumatic event). Risk control measures that reduce these factors will be the most effective at eliminating or minimising the risk.
How the psychosocial hazards may interact or combine	Understanding how interacting hazards can increase or change psychosocial risk is important when determining appropriate control measures. This is because psychosocial risk can increase when workers are exposed to a combination of psychosocial hazards. Risk control measures may be implemented that reduce exposure to one or more interacting hazards in order to minimise the risk.
The design of work, including job demands and tasks	Control measures for psychosocial hazards should predominantly be considered at an organisational, work and system design level (e.g. organisational resilience) rather than at an individual level (e.g. individual resilience and stress management), although some circumstances may require responses at both levels. Focusing on higher level control measures that address work design will ensure the risk of harm is addressed at the source, rather than inferior measures that only reduce the impact of harm after it has occurred. Effective work design considers: • **the work:** how work is performed, including the physical, mental and emotional demands of the tasks and activities, the task duration, frequency, and complexity, and the context and systems of work • **the physical working environment:** the plant, equipment, materials and substances used, and the vehicles, buildings, structures that are workplaces • **the workers:** physical, emotional and mental capacities and needs. See the Safe Work Australia Handbook: Principles of Good Work Design for more information about how to achieve good work design and work processes.
Systems of work used, including how work is	Systems of work are organisational rules, policies, procedures and work practices used to organise, manage and carry out work. These systems can introduce psychosocial hazards but if carefully considered

managed, organised, and supported	can also help control them. For example, a system of work that allows workers to seek assistance from supervisors or where tasks are allocated with regard for other work demands may assist with controlling risk.
The design, layout, and environmental conditions of the workplace, including safe access and egress, welfare facilities and any premises occupied by the worker	The design and layout of a workplace can assist with controlling psychosocial risk. For example, worker accommodation that provides adequate privacy and security can minimise the risk of violence and aggression or harassment.
Plant, substances and structures at the workplace	Well designed and maintained plant and structures can prevent exposure to psychosocial hazards such as high temperatures, loud noise, vibration or dust but can also be used to control other psychosocial hazards. For example, safe plant and structures that allow work to be performed more efficiently can reduce high work demands.
Workplace interactions or behaviours	Workplace interactions and behaviours are an important consideration in a psychosocial risk control plan. Supportive leadership, positive relationships and professional and respectful interactions can help to minimise a range of psychosocial hazards. A positive psychological safety climate can improve work health and safety by encouraging workers to seek and provide support, report hazards and participate in consultation.
Information, training, instruction and supervision provided to workers	Information, training, instruction and supervision may assist in controlling some psychosocial risk. For example, where low role clarity is creating a risk, information and training on the worker's role can assist in controlling this risk.

3.3.1.   Eliminating risks

Eliminating risks is the most effective control measure and PCBUs **must** always consider elimination before anything else. Eliminating risks means completely removing the psychosocial hazard and associated risks.

Examples of eliminating psychosocial hazards include:

- the introduction of rosters that provide advance notice of work hours schedules to eliminate the hazard of highly unpredictable work hours
- self-service to eliminate workers interacting with customers
- refusal of service to customers with higher risk of violence or abuse
- setting achievable performance standards and workloads for the number of workers, work hours and their skill sets.

It may not be reasonably practicable to eliminate the risk, for example, if doing so means a product cannot be made or a service cannot be delivered. Where a risk cannot be eliminated, PCBUs **must** minimise the risk so far as is reasonably practicable.

3.3.2. Minimising risks

Hierarchy of controls

> **WHS Regulation section 36**
>
> Hierarchy of controls

The hierarchy of controls **must** be followed if it is not reasonably practicable to eliminate psychosocial risk.

The hierarchy of controls (see **Figure 4**) ranks control measures from the highest level of protection and reliability to the lowest and **requires** duty holders to minimise risks by one or more of the following methods:

- **Substitution**—minimise the risk by substituting (wholly or partly) or replacing a hazard or hazardous work practice with something that gives rise to a lesser risk.
- **Isolation**—minimise the risk by isolating or separating the hazard or hazardous work practice from any person exposed to it.
- **Engineering controls**—minimise the risk by implementing engineering controls as a physical control measure.

If the risk remains, it **must** be minimised by implementing administrative controls, so far as is reasonably practicable.

Any further remaining risk **must** then be minimised with suitable personal protective equipment (PPE), so far as is reasonably practicable.

Figure 4: *The hierarchy of controls*
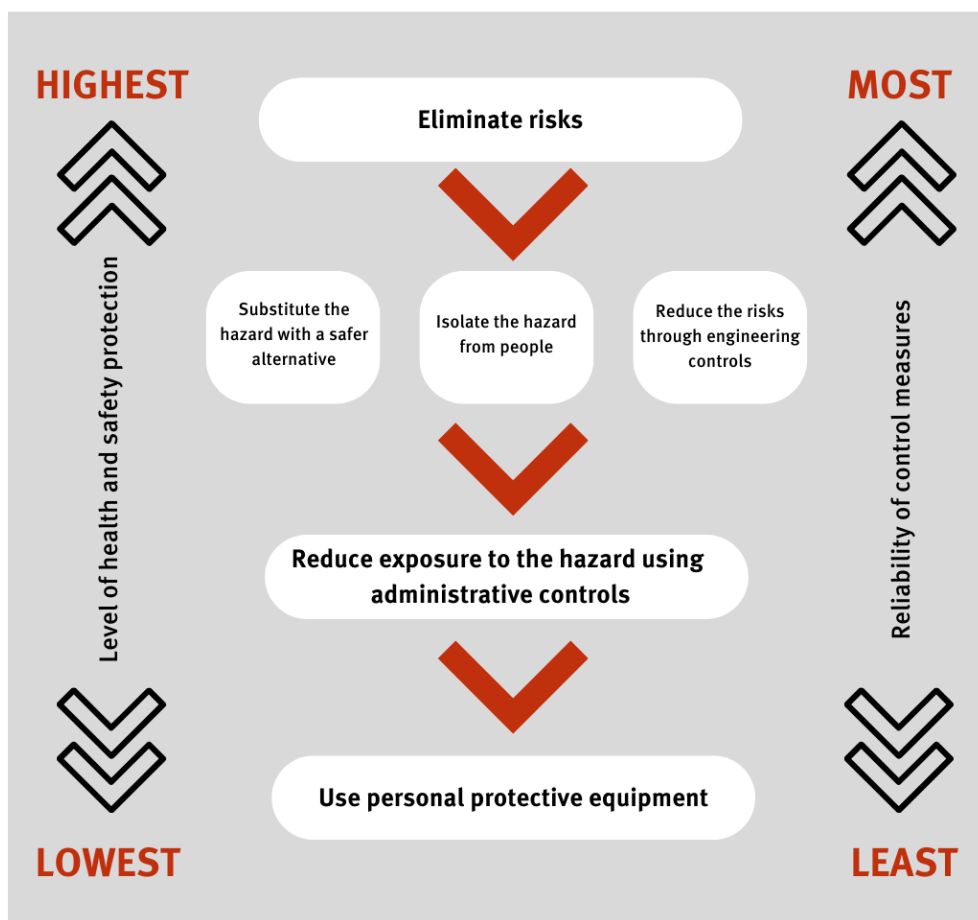
Administrative control measures and PPE do not control the hazard at the source. They rely on human behaviour and supervision and, used on their own, tend to be the least effective in minimising risks.

> **Note:** A combination of the controls set out in this section (or other controls not listed here) may be used to minimise risk, so far as is reasonably practicable, if a single control is not sufficient to eliminate or minimise the risk (see section 3.3.3 – Combining risk controls).

Step 1 - Substitution, isolation and engineering controls

PCBUs **must** minimise the risk of psychosocial hazards by either substituting or isolating the hazard from the person or implementing engineering controls, so far as is reasonably practicable. This can be done through good work and system design.

Substituting a hazard means substituting (wholly or partly) hazardous ways of working with less hazardous alternatives. PCBUs can do this by changing the design of the work or the system of work. Isolation, which involves physically separating the source of harm from people by distance or using barriers, and engineering controls, which include physical controls such as a mechanical device or process, may also be used to minimise the risk.

Examples of minimising the risk of psychosocial hazards through the design of work and work systems include:

- providing workers with time and physical locations where they can retreat safely and recover from dealing with aggressive clients
- improving the work environment to reduce stressors (e.g. installing sound dampening technology or enclosing machinery to isolate workers from unpleasant or hazardous noise, increasing the lighting in darker areas, or placing barriers between workers and customers to minimise the risk of physical assault)
- allowing more time for difficult tasks to be completed safely, especially by inexperienced workers
- matching work allocation with appropriate resourcing including adequate numbers of workers, worker competencies, and levels of exposure to psychosocial hazards (e.g. considering the severity, complexity, and number of cases allocated to each worker when allocating child protection caseloads)
- providing sufficient cover for workers who are on leave
- designing work systems to minimise confusion by clearly defining workers' roles, reporting structures, tasks and performance standards
- designing work rosters to facilitate better work/life balance for workers required to work away from home
- providing workers with control over their work pace and allowing them to take breaks to manage their workload and fatigue instead of using machine pacing or automated work allocation
- increasing the level of practical support during peak workloads
- consulting workers about how major organisational changes may affect them and listening to their views
- using a trauma-informed approach[3] when responding to complaints of work-related violence and aggression, work-related bullying and sexual harassment and ensuring investigations are fair, independent and handled in a sensitive way
- using a trauma-informed approach to ensure the health and safety of 'others' in the workplace is not affected by the PCBU's undertaking, so far as is reasonably practicable (e.g. police using this approach when interviewing victims of sexual assault)
- using a trauma-informed approach to minimise the risk of work-related violence and aggression, so far as is reasonably practicable (e.g. youth workers supporting children in care or corrections officers when working in prisons)
- changing venue of care from a home environment to a clinic environment for clients that have a history of aggressive behaviour.

Further examples of control measures are provided in Appendix 4.

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[3] *See Table 4 for an explanation of trauma-informed approaches.*

Step 2 - Administrative controls

If risk remains after applying substitution, isolation or engineering control measures, PCBUs **must** minimise the remaining risk by implementing administrative controls, so far as is reasonably practicable. Administrative controls are less reliable at minimising risk because they rely on human behaviour and should be used in conjunction with higher order controls, so far as is reasonably practicable.

Examples of combining administrative controls with higher order controls include:

- designing out work processes that may escalate client aggression, and considering what appropriate physical or other barriers (i.e. distance) should be used in conjunction with a client aggression policy and worker training and supervision
- where work involves inherent risk (i.e. front line responders), training should be provided to ensure workers have the skills to manage and respond to these situations, in conjunction with higher-order controls.

See Appendix 2 for more detailed case study examples of combining control measures.

Administrative controls commonly include organisational policies and standard operating procedures that are designed to minimise exposure to a hazard, as well as the information, training and instruction needed to ensure workers can work safely.

Example administrative controls include:

- having clear expectations about acceptable behaviours at work, including policies for work-related bullying (see Appendix 5), sexual harassment and other forms of harassment
- ensuring workers have the right information, training, and supervision to perform their job safely
- consulting and training workers to prepare for the introduction of new equipment, software or production techniques
- providing supervisors with appropriate training in people and work management, and on the job support
- training workers and supervisors to recognise early warning signs of potential harm.

Further examples of control measures are provided in Appendix 4.

Policies relating to psychosocial hazards **must** be developed in consultation with workers and their HSRs (if elected), and all workers **must** be made aware of the policies and what is expected of them.

Information, training and instruction

WHS Act section 19; WHS Regulation 39

Primary duty of care; Provision of information, training and instruction

To discharge the primary duty of care under section 19(1) of the WHS Act, PCBUs **must** ensure, so far as reasonably practicable, that workers are provided with information, training, instruction and supervision to protect them from risks to their health and safety. This includes:

- ensuring information, training and instruction is provided on higher order control measures (e.g. training in new work procedures if the design of work is changed), so far as is reasonably practicable, and
- providing information, training and instruction as a specific control measure (e.g. conflict management training for managers).

Information, training and instruction **must** be suitable and adequate having regard to:

- the nature of the work carried out
- the nature of the risks associated with the work at the time the information, training or instructions was provided
- workers' circumstances and the ability to readily understand.

Information, training and instruction **must** be provided in a form that can be understood by all workers (e.g. training may need to be provided in other languages). Training may include formal training courses, in-house training or on the job training. Where training and instruction is about work-related bullying, work-related violence and aggression, or sexual harassment at work, a trauma-informed approach may be applied. Information and instruction may also need to be provided to others who enter the workplace, such as customers or visitors.

Information, training and instruction in relation to psychosocial hazards can include:

- how to implement a system of work relating to a psychosocial hazard
- expected behaviour and conduct at work including all relevant policies and procedures (e.g. for respectful workplace behaviours, conflict management, the prevention of work-related bullying, sexual harassment at work and work-related violence or aggression)
- what to do if a psychosocial hazard is identified, how to report it and how to seek help or support
- management training about implementing good work design and minimising the risk of harm from psychosocial hazards, supporting workers, identifying psychosocial hazards at work, and managing conflict
- management and supervisor training on how to respond to, manage and investigate complaints, reports or incidents involving psychosocial hazards including work-related bullying, work-related violence and aggression and sexual harassment.

It is good practice to keep a record of all training so there is documentation of who has been trained, how they performed and whether any further training is required, including refresher training.

Step 3 - Personal protective equipment

If risk remains after applying substitution, isolation, engineering and administrative control measures, PCBUs **must** minimise the remaining risk by ensuring the provision and use of suitable PPE, so far as is reasonably practicable. Protecting workers with PPE is a last resort and should only be used where there are risks that cannot be minimised using higher order controls. If PPE is selected as last resort, it should be used in conjunction with administrative controls (e.g. the provision of information, instruction and training to workers and/or the implementation of safe work procedures).

Examples of using PPE as a control measure include providing:

- personal distress alarms, mobile phones or other communication devices
- police body armour and face protection
- readily accessible gloves, gowns, and face shields for nurses and aged care workers to reduce stress from potential exposure to high-risk biological hazards, and
- high quality hearing protection or headphones to reduce stress from noise.

If PPE is to be used as a control measure, PCBUs who direct the carrying out of work **must**:

- provide PPE equipment to workers unless it has been provided by another PCBU
- ensure the equipment is:
  - o selected to minimise risk to health and safety, including by ensuring the equipment is:
    - suitable for the nature of the work and any hazard associated with the work
    - of suitable size and fit, and
    - reasonably comfortable for the worker who is to use or wear it, and

- maintained, repaired and replaced so that it continues to minimise risk to the worker who uses it, including by ensuring that the equipment is clean and hygienic, and in good working order; and
- used or worn by the worker, so far as is reasonably practicable, and
- provide the worker with information, training and instruction in the proper use and wearing of PPE, and the storage and maintenance of PPE.

Workers **must**, so far as reasonably able, use or wear the PPE in accordance with any information, training or reasonable instruction and **must** not intentionally misuse or damage the equipment.

3.3.3. Combining risk controls

A combination of control measures may be used to minimise risk if a single control is not sufficient to eliminate or minimise psychosocial risk. In most cases, a combination of control measures will be the most effective approach (see case study examples in Appendix 2).

> **Example:** In customer service there may be work pressure, aggressive customers and supervisors who are not readily available to provide support. In this circumstance, a combination of control measures could include:
>
> - redesigning the mode of service (e.g. automating parts of the service)
> - reviewing and adjusting numbers of workers to meet customer needs and demands
> - designing the work environment to introduce physical barriers between workers and clients
> - job rotation to reduce exposure to distressed customers
> - providing adequate supervision of workers to ensure their health and safety
> - administrative procedures to identify customers showing signs of aggression, and training supervisors and workers to improve team communication and support
> - implementing procedures to restrict or terminate service in the event of aggression
> - providing training for workers in de-escalating aggressive behaviour by customers
> - reviewing incidents to identify improvements to existing controls
> - providing personal distress alarms, and
> - access to an Employee Assistance Program service.

3.3.4. Addressing risks for individual workers

PCBUs may also need to accommodate the needs of an individual worker, so far as is reasonably practicable, to prevent harm where the worker has disclosed those needs or the PCBU is aware of them (e.g. a worker with a disability or returning to work after an injury). This can be done by consulting with workers to gain an understanding of their specific requirements and determining how individuals can be supported to perform their duties effectively through reasonable adjustments in working conditions or arrangements.

> **Example of addressing risks for individual workers:**
>
> PCBUs may identify and implement reasonable adjustments to the work environment, work hours or location to minimise risk of harm to neurodiverse workers. This may include:
>
> - the provision of quieter workspaces, free from distraction
> - having flexibility around remote working or work hours, or
> - adjusting communication practices to ensure they are inclusive.
>
> Additionally, PCBUs may consider specific sensory or environmental stimuli that may cause an increased risk of harm to that individual.

There may also be duties under other relevant laws that need to be considered in making adjustments for workers (see section 1.4 – Other legislation), including anti-discrimination, privacy, and workers' compensation laws. More information on how to make adjustments to

facilitate the safe return to work of injured workers is available on the WorkSafe Queensland website.

3.4. Maintaining and reviewing control measures

Once control measures are implemented, they **must** be maintained and reviewed to ensure they remain effective over time.

3.4.1.   Maintaining control measures

WHS Regulation 37

Maintenance of control measures

A PCBU **must** ensure control measures are effective and are maintained so they remain effective. This includes ensuring control measures are, and remain, fit for purpose; suitable for the nature and duration of the work; and are installed, set up and used correctly.

PCBUs should decide what maintenance control measures will require when the controls are implemented and establish a schedule for routine checks and maintenance.

3.4.2.   Reviewing control measures

WHS Regulation 38

Review of control measures

PCBUs **must** review and, as necessary, revise control measures:

- if a control measure does not adequately control the risk it was implemented to manage
- before a change at work that is likely to give rise to a new or different risk to health or safety (e.g. a change to the work environment or systems of work)
- where a new relevant hazard or risk is identified
- where consultation indicates a review is necessary, or
- when a HSR requests a review.

HSRs may request a review of control measures that impact the health and safety of members of their work group if any of the above factors have occurred and they reasonably believe the control measures have not been adequately reviewed.

Similar to the process for hazard identification, common methods to review control measures include inspecting the workplace, consultation, and analysing records and data.

Questions to consider during a review may include:

- Are the control measures working effectively, without creating new risks?
- Have workers reported that they find certain work characteristics to be stressful?
- Have all psychosocial hazards been identified?
- Have psychosocial hazards or risks changed or are they different to what was previously assessed?
- Are workers actively involved in the risk management process?
- Are workers openly raising health and safety concerns and reporting problems promptly?
- Has instruction and training been provided to all relevant workers?
- Are there any upcoming changes that are likely to result in a worker being exposed to psychosocial hazards?
- Are new control measures available that might better control the risks?
- Have risks been eliminated or minimised as far as is reasonably practicable?

Workers, their HSRs, work health and safety officers where appointed, and other duty holders **must** be consulted when control measures are being reviewed (see section 2 – Consultation, cooperation, coordination).

3.5. Recording the risk management process

Keeping records of the risk management process may assist with demonstrating what has been done to comply with the WHS Act and the WHS Regulation. It can also assist when undertaking subsequent risk management activities, including reviewing control measures.

PCBUs may select a method of recording the risk management process that suits the circumstances (see example risk register in Appendix 6).

It is useful to keep information on:

- the identified hazards and assessed risks (including any hazard checklists, worksheets and assessment tools used in working through the risk management process)
- the chosen control measures and how decisions about controlling risks were made
- how and when the control measures were implemented, monitored and reviewed
- who was consulted (e.g. workers, concurrent duty holders, HSRs)
- relevant training records.

It is also useful to have a record of the processes used to investigate and resolve issues. Where there is concern about the need to maintain confidentiality, the record may include only high-level information in a general risk register.

A WHS inspector may ask to see a copy of records relating to risk management processes if they visit a workplace. If a written record is not available, PCBUs will need to demonstrate how duties have been met by other means.

4. Responding to complaints, incidents or reports of psychosocial hazards

There are various ways workers may report or raise psychosocial hazards, including:

- discussions with supervisors
- incident report forms
- emails or text messages
- advising their HSR(s), WHS Committee, and/or union representatives
- letters of complaint or grievance
- medical certificates, or
- workers' compensation claims.

Individual workers may report or raise psychosocial hazards directly with management or with their HSRs who can raise issues on behalf of the work group.

Early reporting of psychosocial hazards is encouraged so hazards can be managed before they cause harm.

4.1. Encourage reporting

Workers may not report psychosocial hazards because they:

- see them as just 'part of the job'
- believe it is not serious enough to report
- think reports will be ignored, or not handled respectfully or confidentially
- fear they will be blamed or believe reporting may expose them to additional harm, discrimination or disadvantage, or
- do not know or understand the processes for reporting psychosocial hazards.

If a worker is being bullied, sexually harassed or harassed in another manner (e.g. racially), or is exposed to other inappropriate behaviours at work, they might not report it if the perpetrator has organisational power (e.g. a manager or supervisor) or a position of influence (e.g. a client). Workers may also be worried about the consequences of reporting or raising concerns (e.g. concern that the person might find out about the complaint and the behaviour may escalate).

Part 6 of the WHS Act provides an important protection for workers and others from being victimised or discriminated against for raising psychological health issues, or from being coerced into not reporting issues, by making it an offence to engage in this conduct.

It is important for psychosocial hazards reported by workers to be taken seriously. Workers can be encouraged to report psychosocial hazards by:

- treating all reports or concerns of psychosocial hazards seriously
- using agreed mechanisms such as HSRs who can raise safety concerns for workers anonymously (if appropriate under the circumstances)
- regularly discussing psychosocial hazards at team meetings
- providing workers with a range of accessible and user-friendly ways to make a report, including formal reporting systems (e.g. peer support networks, mental health champions)
- making it clear that reporting concerns about psychosocial hazards is encouraged and that disciplinary action will not be taken against workers who make a report (noting response procedures may include a process for addressing vexatious claims)
- making it clear that victimising a person who reports concerns about a psychosocial hazard will not be tolerated
- training key workers (e.g. contact persons and HSRs), and
- ensuring processes and systems for reporting and responding to complaints of bullying, sexual harassment or other inappropriate behaviours are suitable, transparent and well understood.

The reporting process should be appropriate and proportional for the organisation and the risks in the workplace.

> **Example:** A small business with no previous instances of work-related violence and aggression (e.g. small printing business) may not require a formal reporting and recording system for violence and aggression compared to a larger organisation (e.g. a supermarket) where risks of exposure to violence and aggression are known.

4.2. Responding to reports, complaints, or incidents

Encouraging workers to raise concerns regarding psychosocial hazards, and in turn effectively responding to those concerns, can assist PCBUs to not only identify hazards, but also review whether control measures are working. To facilitate this, PCBUs can investigate reports, complaints or incidents involving psychosocial hazards to determine what happened, why, and what can be done to improve controls to eliminate or minimise recurrence. The formality and comprehensiveness of any investigation and response can be proportional to the level of risk, the seriousness of actual or potential harm, the number of workers affected, and the size of the business.

> **Example 1:** A response may involve enquiries/conversations by a supervisor about the report, complaint or incident with affected workers, or a more formal independent investigation with assistance from an external competent professional or relevant internal representatives, such as in-house HR or WHS professionals.
>
> **Example 2**: A response to a complaint about sexual harassment may involve discussions with the parties and/or witnesses, providing support to all parties, facilitating an impartial investigation, and maintaining confidentiality and privacy of the parties.

The process for investigating or responding to reports, complaints or incidents involving psychosocial hazards should be proactive, fair, objective, conducted in a timely and impartial manner, applied consistently to all workers, and ensure procedural fairness for all parties involved. This is particularly important where there is an allegation about work-related bullying, work-related violence or aggression, or work-related sexual harassment.

Where a HSR has been advised of a complaint or incident involving a worker in their workgroup, they are entitled to investigate the complaint. This can include:

- inspecting the workplace, or any part of the workplace, the worker works at any time after giving reasonable notice to the PCBU, or without notice if the incident or situation involves a serious risk to health and safety emanating from an immediate or imminent exposure to a hazard
- accompanying an inspector during an inspection of the workplace or part of a workplace where the worker works
- with the consent of a worker, or one or more workers, the HSR representing and being present at an interview between the worker(s) and an inspector or PCBU (or the PCBUs representative)
- receiving information concerning the work health and safety of workers in the workgroup
- wherever necessary, requesting the assistance of any person.

It will not always be appropriate to consult work groups or their representative HSR(s) if the initiating report or subsequent investigation includes sensitive and confidential information about other workers. In this case, it is still useful to provide HSRs with general information about the process and outcomes including:

- how the psychosocial hazard will be managed
- updates on the progress actions in response to the report, complaint or incident and likely timeframes, and
- WHS actions and improvements which have or will be introduced in response to the issue (within the limits of confidentiality).

Principles that can be applied, so far as is reasonably practicable, when responding to complaints, incidents or reports involving psychosocial hazards are set out in **Table 4**.

Table 4: *Responding to reports, complaints or incidents relating to psychosocial hazards*

Principles	Response
Act promptly	Respond to reports, complaints, or incidents quickly, reasonably and within established timelines. Advise relevant parties how long it will likely take to respond. Keep them informed of progress to provide reassurance the report has not been forgotten or ignored.
Ensure immediate safety	Take steps to eliminate or minimise ongoing exposure to hazards and to provide immediate support so far as reasonably practicable.
Treat all matters seriously	Take reports, complaints and incidents seriously and assess them on their merits and facts.
Use a trauma-informed approach	The concept of a trauma-informed approach means that workplace systems recognise and acknowledge that workplace responses or investigations of reports about psychosocial hazards can escalate or de-escalate distress in those with a history of trauma. In practical terms this means PCBUs who provide services to client groups who may foreseeably have a history of trauma can integrate knowledge about trauma into policies, procedures and practices, especially complaint handling procedures and practices. This can include principles of: • safety, both physical and emotional (e.g. is the environment and are the processes welcoming? do workplace processes consider the emotional safety and wellbeing of affected individuals? or is the environment/ process likely to distress someone with a history of trauma?) • trust (e.g. are the processes sensitive to people's needs, empowering to affected individuals, offering some flexibility and/or opportunity for choice where reasonably practicable? are workers supported to make informed choices, given timely information about the process/their rights?) • equity and respect (e.g. do the processes ensure interpersonal respect, acknowledge diversity in all its forms, are they inclusive?) • hope (e.g. do processes assume optimism and the possibility of recovery/resolution?).
Maintain confidentiality	Maintain the confidentiality of all parties involved or be very clear if there are any limits to confidentiality (e.g. if there are concerns about the safety of others). As a general rule, details of the matter should only be known by those directly concerned in the complaint or in resolving it and sensitive and personal information should be protected.
Be neutral	Impartiality towards everyone involved is critical. This includes the way people are treated throughout the process and ensuring all parties are able to provide their side of the story. The person responding to the report, complaint or

Principles	Response
	incident should not have been directly involved and personal or professional bias is to be avoided. If this is not possible, consider engaging an external party to ensure impartiality.
Support all parties	Once a report or complaint has been made, or an incident has occurred, advise parties involved what support is available, for example employee assistance programs, and allow a support person to be present throughout the process including at interviews or meetings (e.g. an HSR, union representative or work colleague). Ensure adequate and fair support is available to all parties, including those who may be away from work during investigations or during disciplinary processes. This includes both the complainant and the person who the complaint has been made about. Support should also continue following completion of the incident investigation process.
Do not victimise	It is important to ensure anyone who reports a psychosocial hazard, or is a party to a report, complaint or incident is protected from victimisation.
Communicate process and outcomes	Inform all parties of the process, any rights and obligations that may apply, how long it is estimated to take and what they can expect will happen during and at the end of the process, including rights of appeal and review. Should the process be delayed for any reason, advise parties of the delay and when the process is expected to resume. Reasons for actions that have been taken or not taken should be explained to the parties wherever possible so that the processes and outcomes are transparent. Wherever possible, an educative approach should be used. Where persons are away from the workplace (e.g. they are unwell or have been stood down from their roles during investigation processes), ensure an appropriate mechanism for communication is still available.
Keep records	Keeping a record of the following information will be useful: • the person who made the report • when the report was made • who the report was made to • the details of the issue reported • action taken to respond to the issue • any further action required – what, when and by whom.

If it is likely that responding to the complaint, incident or report will be sensitive or complex, input from organisational psychologists, human resources, WHS or other experts, such as security professionals, may assist.

Where the incident relates to work-related bullying or sexual harassment, a response procedure can be used to ensure reports, complaints or incidents of these hazards are dealt with consistently. The procedures can be used each time a report or complaint is made. The response procedure can:

• outline how issues will be dealt with when a report or complaint is made, including broad principles to ensure the process is objective, fair and transparent
• clearly state the roles of individuals such as managers and supervisors

- outline the process for how vexatious complaints or reports will be handled
- identify avenues of psychological support for persons involved, and
- identify external avenues available to workers where reports of work-related bullying, sexual harassment or racial and other forms of harassment have been unable to be resolved internally noting the procedures for external complaint mechanisms may differ from the procedures for an internal investigation.

Where response procedures are developed, this must be done in consultation with workers and HSRs (if elected).

4.3. Responding to incidents of work-related violence and aggression

If a worker or anyone at work is in immediate danger, call 000.

Responses to work-related violence and aggression will vary depending on the nature and severity of the incident. A response system and policy can set out what to do at the time of an incident and after an incident occurs, including internal reporting and notifications required by external agencies (e.g. Queensland Police, and Workplace Health and Safety Queensland).

Response procedures can address the specific needs of the business or undertaking and may include information regarding what to do at the time of the incident, what to do immediately after the incident, how to manage the incident, and information on incident reviews.

What to do at the time of an incident

Response procedures may include instructions for workers to:

- follow work procedures for responding to violence and aggression
- use calm verbal and non-verbal communication, de-escalation and distraction techniques
- seek support from other workers
- ask the aggressor to leave the premises or disconnect the aggressor from the phone call
- know when to set off a duress alarm if available or otherwise communicate the need for help
- retreat to a safe location.

What to do immediately after an incident

Response procedures may include processes for PCBUs to:

- ensure that everyone is safe
- provide first aid or urgent medical attention where necessary
- provide individual support where required, including practical, emotional and social support (this may include a debrief after the incident for affected workers, offering assistance in reporting potential criminal offences or accompanying workers to seek assistance from the police or ambulance services)
- report what happened, who was affected, and who was involved
- notify the work health and safety regulator if the incident results in a work-related death, a serious injury or illness, or a dangerous incident.

For more information on incident notification, including site preservation, see the WorkSafe Queensland website.

Incident management

Response procedures may provide information on incident management including:

- emergency and evacuation plans that outline how to respond to immediate safety issues, systems for communication and coordination, and accessing medical treatment

- reporting procedures and incident investigation
- worker supervision and support structures
- sanctions or responses to aggressors (e.g. a referral for criminal investigation or clinical review, safety or security assessment, refusal/transfer or restriction of future service)
- guidelines on communicating with other agencies such as police and ambulance services
- site preservation requirements.

Incident reviews

Reviewing an incident of work-related violence and aggression to identify contributing factors will help determine how to prevent a similar incident recurring, how to respond to future incidents, and whether any control measures need to be reviewed. It also provides the opportunity to ensure follow-up support for workers.

PCBUs should consult affected workers about the incident when considering ways to eliminate or minimise the risk of future incidents.

4.4. Notifiable incident

> **WHS Act sections 35-39**
>
> Incident notification

A PCBU **must** ensure the regulator is notified immediately after becoming aware of a notifiable incident and preserve the site until an inspector arrives. A notifiable incident includes the death of a person (e.g. due to suicide) or a serious physical or psychological injury or illness of a person that requires immediate treatment as an in-patient in a hospital (e.g. a serious head injury resulting from an incident of work-related violence). The PCBU **must** keep a record of each notifiable incident for at least five years.

Employers also have a duty to report injuries sustained by workers to their workers' compensation insurer under the *Workers' Compensation and Rehabilitation Act 2003.*

5.   Issue and dispute resolution

WHS Act sections 80–82; WHS Regulation section 22–23

Issue resolution

The WHS Act provides a legal framework for resolving work health and safety issues. This includes issues regarding risks to workers from psychosocial hazards. The intent is for parties (e.g. PCBUs, workers, HSRs, or worker representatives) to resolve the issue between themselves in the first instance. However, where attempts to resolve the issue through initial discussions are unsuccessful, the WHS Act and WHS Regulation provide steps that **must** be followed to resolve the issue.

Figure 5: *Issues resolution process under the WHS Act*

Issues resolution process under the WHS Act

Step 1
- A person with a work health and safety issue tells the other party about the issue.
- Parties hold initial discussions to resolve the issue.

Step 2
- If the issue remains unresolved after initial discussions, parties <u>must</u> make reasonable efforts to achieve timely, final and effective resolution of the issue in accordance with an agreed procedure or if there is no agreed procedure, the default procedure prescribed under a regulation (see Figure 6).
- The agreed procedure <u>must</u> include the steps, set out in section 23 of the WHS Regulation (see Figure 6).

Step 3
- If an issue has not been resolved after reasonable efforts have been made to achieve an effective resolution of the issue, a party to the issue may ask the regulator to appoint an inspector to attend the workplace to assist in resolving the issue.
- On attending a workplace, an inspector may exercise any of the inspector's compliance powers under the WHS Act in relation to the workplace.

Note: a request to the regulator does not prevent: a worker from exercising the right to cease unsafe work; or a HSR from issuing a provisional improvement notice or a direction to cease work.

Step 4
- Where an issue remains unresolved for at least 24 hours after any parties have asked the regulator to appoint an inspector to assist in resolving the issue, a party can apply to the Queensland Industrial Relations Commission (QIRC) to have the matter conciliated, mediated or arbitrated - see dispute resolution section below.

Issue resolution procedures

Section 22 and 23 of the WHS Regulation set out the minimum requirements for issues resolution procedures that **must** be followed in Step 2. Where agreed procedures are established, they **must** be developed in consultation with workers and their HSRs and **must**, at a minimum, include the default procedures set out **Figure 6**. If there are no agreed procedures, the default procedure in **Figure 6** applies and **must** be followed.

Figure 6: *Default issues resolution procedure*

Commencing issue resolution

Any party to the issue may commence the procedure by telling the other party:
a) That there is an issue to be resolved; and
b) The nature and scope of the issue.

After parties are told of the issue

Parties meet or communicate with each other to attempt to resolve the issue. **The parties must have regard to all relevant matters including the following:**
a) The degree and immediacy of risk to workers and other persons affected by the issue
b) The number and location of workers and other persons affected by the issue
c) The measures (both temporary and permanent) that must be implemented to resolve the issue
d) Who will be responsible for implementing the resolution measures?

If the issue is resolved

Details of the issue and its resolution must be set out in a written agreement if any party to the agreement requests this. If a written agreement is prepared, all parties to the issues must be satisfied that the agreement reflects the resolution of the issue.

Note: under the WHS Act, parties to an issue include not only a person conducting a business or undertaking, a worker and a health and safety representative, but also representatives of these persons, see section 80 of the WHS Act.

Distribution of written agreement

A copy of the written agreement must be provided to:
a) all parties to the issues; and
b) if requested, to the health and safety committee for the workplace.

Note: for the avoidance of doubt, nothing in this procedure prevents a worker from bringing a work health and safety issue to the attention of the worker's health and safety representative.

Agreed procedures **must** be in writing and **must** be communicated to all workers. The procedures should also be easily accessible (e.g. by placing them on noticeboards and intranet sites).

If there is already an agreed procedure in place (e.g. a dispute resolution clause in an enterprise agreement that applies to any dispute arising in the course of employment), the agreed procedure is taken to incorporate the minimum requirements and steps in the WHS Act and WHS Regulation noting PCBUs **must** ensure these steps are incorporated.

WHS Act sections 102A–102G

Dispute resolution

Where an issue remains unresolved at least 24 hours after any of the parties have asked the regulator to appoint an inspector to assist in resolving the issue, a party can apply to the Queensland Industrial Relations Commission (QIRC) to have the matter conciliated, mediated or arbitrated[4].

Other disputes that can be referred to the QIRC for resolution include:

- an issue about cessation of work under Part 5, Division 6 of the WHS Act
- a request by a HSR for an assistant to have access to the workplace under section 70(1)(g) of the WHS Act, or
- access to information by a HSR under section 70(1)(c) of the WHS Act.

Further information about the dispute resolution process and forms can be found at qirc.qld.gov.au.

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[4] The QIRC is the relevant designated tribunal for all disputes about WHS issues under the WHS Act in Queensland, regardless of whether the employer or employees are covered by the state or Commonwealth industrial relations systems for employment or industrial relations related matters.

Appendix 1: Other legislation

Legislative references provided below are for information only and are not enforceable through this Code or by the Queensland WHS Regulator.

Anti-Discrimination Act 1991 (Qld) (AD Act)

The AD Act provides protections against sexual harassment, vilification, victimisation and discrimination in employment. It also prohibits discrimination against a person on the grounds of an attribute such as an impairment, except if there are genuine occupational requirements or for a term that is reasonable. This requires organisations to make reasonable adjustments by making changes to allow workers with mental health conditions or work-related psychological injuries to perform the inherent requirements of their job. There is also a prohibition on employers asking for unnecessary information on which unlawful discrimination may be based (section 124 AD Act).

Industrial Relations Act 2016 (Qld) (IR Act)

The IR Act establishes general protections which prohibit adverse action being taken against a person because the person has a workplace right, which includes a right under an industrial law. An industrial law is defined as meaning either the IR Act or another Act which regulates the relationships between employers and employees. A worker who doesn't fall within the anti-bullying jurisdiction of the Fair Work Commission may seek an anti-bullying order from the Queensland Industrial Relations Commission.

Fair Work Act 2009 (Cth) (FW Act)

The FW Act prohibits a person taking adverse action against another person because that person has a workplace right. A workplace right includes a right under a workplace law, which includes in its definition, a law that regulates the relationships between employers and employees by dealing with occupational health and safety matters.

Under the FW Act adverse action taken by an employer against an employee includes: if the employer injures the employee in his or her employment; or discriminates between the employee and other employees of the employer. The FW Act also contains measures to address bullying at work including that a worker who is subject to bullying at work can apply to the Fair Work Commission for an order to prevent the worker from being bullied at work by an individual or group of individuals.

Human Rights Act 2019 (Qld) (HR Act)

The HR Act is a law that protects rights in Queensland. It protects rights during interaction with government organisations or use of their services, including the police, public hospitals, public schools, and other organisations doing work for the Queensland Government. While the HR Act only applies to organisations that are considered public entities (government or performing work on behalf of government), it does relate to the employee relationships as well as the client/organisation relationship.

Workers' Compensation and Rehabilitation Act 2003 (Qld) (WCR Act)

The WCR Act sets out criteria for entitlement to workers' compensation for workers who sustain a diagnosed work-related psychological injury. The statutory scheme operates on a "no fault" basis, however, psychological injury claims are only accepted if the injury did not arise out of or in the course of:

- reasonable management action taken in a reasonable way by the employer in connection with the worker's employment; or
- the worker's expectation or perception of reasonable management action being taken against the worker.

Substantial case law has developed around these two concepts. In addition, there is a requirement for PCBUs to monitor the health of injured workers concurrent to the administration of their workers' compensation claim.

The employer of a worker who has sustained a work-related psychological injury must take all reasonable steps to assist or provide the worker with rehabilitation. The rehabilitation must be of a suitable standard.

Criminal Code Act 1899 (Qld) (Criminal Code)

Incidents that involve an assault or other criminal behaviour (e.g. stalking) may be prosecuted under the Criminal Code.

Information Privacy Act 2009 (Qld)

Sets out the requirements for handling and disclosure of personal information and health care records. Personal information includes information or opinion about an identifiable individual.

Appendix 2: Case studies

The control measures PCBUs choose must suit the organisational and worker needs, and effectively control the risks to the highest level that is reasonably practicable. The tables below outline five scenarios with common psychosocial hazards and risks, example controls and approaches to maintain, monitor, review and achieve continual improvement of the risk management approach.

Scenario 1. Community care

Scenario context and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
A large private sector organisation delivers health care and social services in the community to disabled adults and children, some with severe behavioural issues. Work activities occur largely in clients' homes but can include transporting clients by vehicle to and from excursions to a park, shopping centre or other location, where members of the public are often present. Workers often work alone and are employed on a casual or contract basis. Minimal time is allowed for travel between clients, which forces workers to rush. Workers have received minimal training and lack knowledge of procedures or support available in the event of an emergency, including instances of client aggression. Workers have been injured by clients and do not report these incidents to the organisation. Workers are reluctant to raise concerns about the job with the	**High work demands**: • **Role overload** - workers have limited time to provide services and insufficient travel time between clients, causing them to rush. • Workers are unable to take rest breaks due to inadequate time or support (being unable to leave clients unsupervised in public places). • Workers experience high **emotional and physical demands** due to the nature of care provided (heavy lifting and responding to challenging behavioural issues). **Work-related violence and aggression:** • Workers have regular exposure to violent and aggressive behaviours from clients. These behaviours can be exacerbated by insufficient time to provide services. **Isolated work:** • Work in people's homes and in the community without co-workers and a lack of clarity/information regarding emergency response procedures (including responding to work-related violence and aggression, or remote work procedures). **Low job control:** • Workers' employment is insecure (casual/ contractor) which adds to their fear of reporting health and safety concerns to	The organisation, after consulting supervisors, workgroups and HSRs, takes the following steps to manage role overload, emotional demands, violence/aggression, isolated work and insecure work: • Reviewing worker ratios and travel time in order to ensure sufficient workers rostered to complete work tasks. • Implementing a risk assessment of each site location/community activity prior to service provision for a new client and/or new site location for care activity. Consideration is given to the client's home environment and previous history when managing risks to workers. If risks are assessed as too high, service is refused until adaptations are made to minimise the risk. • Policies are introduced and enforced to ensure where a client has been assessed as likely to exhibit violent or aggressive behaviours, two workers are allocated to provide care, or care is provided in a controlled environment. • Regular reviews are conducted of work activities to ensure workload is manageable and additional support and training is provided as needed. • Opportunities for regular communication/consultation are introduced to ensure workers are provided with up-to-date information and opportunities/avenues to connect with the organisation. Systems for professional supervision and debriefing are developed and implemented. • Workers receive information and training regarding work-related violence and aggression and reporting of incidents, emergency response procedures, and support services available, with an increased focus on prevention and early intervention. • Communication processes, equipment (mobile phones, duress alarms) and training are implemented to address risks associated with isolated work (including device monitoring to ensure appropriate and timely response to any emergency situations)	The organisation: • Identifies and assesses risks and adequacy of controls through surveys/psychosocial risk assessment tools (e.g. People at Work psychosocial risk assessment survey), and continually monitors and reviews other safety data (incident reporting, exposure to violence/aggression, sickness absence, turnover etc.) • Actively encourages reporting of incidents and health and safety concerns and ensures all reports are investigated in a timely manner, in accordance with procedures. • Ensures workers are provided with information regarding incident investigations and complaints lodged, and opportunities for input during the investigation process regarding controls and safety issues. Workers are provided with support as needed including information about professional supervision options and other internal and external support services available. • Conducts regular monitoring and review of controls, clients' needs and behaviours to ensure adequacy of controls. • Delivers ongoing training to workers in relation to their role, activities performed and policies and procedures for managing risk to ensure competency remains current.

organisation in case they lose work.	employer as they may risk reduced or no shifts.	• Employment agreements and entitlements are reviewed and adjusted where possible to enable more stable and secure employment opportunities.	• Conducts a security review regarding worker safety while working in isolation, and emergency responses available to workers.

Scenario 2. Construction company

Scenario context and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
A medium-sized residential construction company is currently managing several projects; some are not on schedule, and there is a backlog of work. The manager is responsible for organising the contractors, apprentices, and ensuring supplies and equipment are delivered to different sites. An electrical subcontractor is engaged for all the sites, and the manager is aware that one of the contractor's electricians has been verbally aggressive with a first-year apprentice engaged by the construction business. He tells the apprentice that this is how the industry is, that he does not have time to deal with this and that he needs to toughen up and get on with his work. The apprentice just wants to learn but makes regular mistakes and is afraid to ask for help. He wants verbal aggression to stop but is afraid to speak up in case this impacts his apprenticeship.	**Poor support –** both emotional and practical – from the supervisor and manager: • The manager does not acknowledge the apprentice's concerns or make the time to manage the training of apprentices. **Work-related violence and aggression** and **poor workplace relationships**: • Verbal aggression by the electrician, which could escalate to bullying or physical aggression if not stopped, is having a negative impact on the apprentice's ability to focus on his work. This is also stopping him from asking for help when he needs it. **High work demands** (role overload): • The manager and workers experience a high workload with competing deadlines.	The construction company owner—who is the PCBU for this workplace for all workers including subcontractors—after consulting the manager and workers, takes the following steps to address poor support, aggression and poor workplace relationships and role overload: • Meets with the electrical subcontractor and others to develop behaviour standards for all their workers when undertaking work at the same sites and processes for addressing safety concerns, including violence and aggression • Informs workers that aggressive behaviour can be reported to him directly • Speaks with the apprentice to check on his wellbeing and provide information about psychological support services • Reviews the supervision and support of apprentices • Decides to reduce the demands on the manager by providing assistance with managing contracts and tenders. The manager, to improve support and job control: • Starts daily toolbox talks with all workers, including contractors, to provide relevant information and instructions • Sets time aside each week to understand the first-year apprentice's learning requirements, assess his progress, develop learning goals, gets the supervisor to give him responsibility for some tasks he should be competent to do, and allocates a third-year apprentice to buddy the first-year apprentice to support him on various tasks.	After consulting with the manager, the business owner: • Requires staff to periodically complete the People at Work psychosocial risk assessment survey to identify and assess risks and adequacy of controls • Implements 'look and listen safety walks' multiple times each build • Integrates support and mentoring of apprentices into their systems • Checks in with the apprentice to verify that the verbally aggressive behaviour has stopped • Arranges training for supervisors of apprentices, particularly on managing young and inexperienced workers • Arranges regular reviews of work-related behaviour grievances and training to be included in the organisations WHS systems • Creates (with workers) a safety culture charter displayed prominently in project offices, around the site etc.

Scenario 3. Large call centre business

Scenario context and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
The business has offices in Brisbane and a regional city, and also a team that works from home. Their role deals with customers' telephone inquiries and complaints. There is no management located at the regional office, just a small number of call centre staff. There is no structured communication process with the regional office or with those working from home (WFH) and information is not communicated consistently. There are tightly scripted responses, protocols and service standards to deal with the calls, and limited time allocated to spend with each person. Long call queues with automatic call drop-ins means they feel constant time pressure. Workers always do the same tasks and their break times are regimented. Customers can become abusive due to long wait times. A recent restructure occurred, and workers are unsure about their roles and future workloads. A new IT system with performance monitoring software is making workers anxious as they have not yet had training on it and they are concerned it will be used as a means to increase workload, reduce their autonomy or even to sack them.	**High work demands** through role overload from the constant time pressures and required response times, which are not adequate for complex matters. Staff are also at risk of verbal abuse from distressed clients. **Low job control** and lack of task variety as work is tightly scripted and roles narrow, generally with **poor support**. **Lack of role clarity** and **poor organisational change management** around new IT systems and the restructure. Management does not provide consistent communication regarding changes within the organisation and regional workers are often left out of training regarding changes to organisational systems. **Remote and isolated work** environment for workers who are in the work from home team. • **Low reward and recognition** of effort in general plus career opportunities are often not communicated to the regional workers or those who WFH and they are subsequently over-looked within the organisation.	The organisation, after consulting supervisors, workgroups and HSRs takes the following steps to reduce role overload and role conflict: • Is renegotiating service level agreements and response times so they are manageable with existing worker numbers • Has addressed some of the reasons for the role overload and customer abuse: improved scripts, provided a process to triage, and offer customers alternatives if wait times are lengthy. The supervisor, to reduce role overload, client verbal abuse, low job control, lack of task variety, poor support and risks from isolated work and poor change management, is: • Triaging complex issues – sending these to more experienced workers first or where this is not possible junior workers can flag if they need help providing task rotation so workers can build new skills and get a break from stressful calls/interactions • Developing customer behaviour standards and restricting services if workers are exposed to these behaviours. These standards are recorded and consequences played to customers upon first contact prior to speaking with workers • Allowing workers to terminate call in accordance with behaviour standards and consequences • Flagging customers with history of breach of standards and ensure restrictions are followed • Ensuring workers take short breaks, away from their workstation • Providing emotional support during and following abusive interactions (e.g. ability to escalate the issue to a supervisor, debrief time and to recover away from the general work area if required) • Developing call monitoring policies in consultation with workers and using these for coaching • Ensuring consultation and training on the new IT system is provided before it is introduced and relaxes the performance targets until workers are familiar with the new systems • Ensuring scheduled meetings with the WFH and regional team and ensure communication protocols are set up to capture information sharing with the regional office in addition to the other workers • Creating opportunities for WFH and regional team to be virtually included with the Brisbane team or attend Brisbane office or work with the Brisbane team remotely.	The organisation: • To identify risks and adequacy of controls, gets workers to complete the People at Work psychosocial risk assessment survey and monitors and reviews other WHS data • Ensures the leadership team have all completed training on their WHS duties and good work design and are applying these to future restructures and planned IT upgrades. Opportunities for automated web-based services (e.g. online applications) are also investigated. • Supports workers who want temporary secondments to other parts of the business for two-way learning and a break from the regimented work. • Reviews system in place to ensure workers located in WFH team and regional office feel connected and supported, and obtains feedback from workers. • Review systems in place to manage behaviour standards of customers and restrictive services • Create systems to monitor number of abusive calls and exposure to these behaviours within the work environment. The supervisor: • Supports workers who want to develop technical or specialist skills, and provides technical and specialist workers with the opportunity to mentor new workers, and • Becomes a member of an industry Mental Health Community of Practice to get ideas and support on managing psychosocial hazards and risks from other peers in the industry.

Scenario 4. Small trucking company

Scenario context and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
Bob has been a truck driver for over 10 years, and he generally enjoys driving. He and two other drivers contract solely to a large manufacturing company. The scheduling is done by the manufacturer's dispatch manager. The manufacturing company's customers are small retail businesses across northern NSW and Queensland. Over the last two years the manufacturing company has grown and the demand for more frequent and faster deliveries has increased. The number of drivers in Bob's company has not changed. Bob worries about the delivery schedule, longer shifts and that he has skipped rest breaks to deliver goods on time. On occasion he and other drivers have been delayed due to heavy traffic and abused by angry business owners who then complained to the dispatch manager. Bob has tried raising scheduling concerns without success and thinks if he raises them again, he might lose the contract. He would like to have a say in how deliveries are scheduled but these are arranged between the manufacturing company and their customers.	**Role overload** and **fatigue** – delivery deadlines are unachievable and the truck driver is working long hours and skipping rest breaks to meet those deadlines. **Low job control** – not being able to influence the delivery schedules despite being an experienced driver and understanding the regular reasons for delays. **Poor support** from managers – raising concerns with management has seen no change in the increasing demands of the work. **Work-related violence** – drivers experiencing verbal aggression as customer expectations for supply of goods have not been managed	The manufacturing company, after consulting with the drivers, takes the following steps to address role overload, fatigue, low job control, poor support from managers and work-related violence: • Managing customer expectations by incorporating revised delivery timeframes into their customer online and phone ordering processes • Contracting additional drivers and distributing interstate deliveries across all drivers to manage risk of fatigue • Providing drivers with training in de-escalation techniques for dealing with aggressive customers • Providing fatigue management information to all workers • Consulting with the trucking company manager regarding scheduling. The manufacturing company, after consulting customers, to address role overload and work-related violence will be communicating to customers: • Company policy on delivery timeframes • Notifying them in writing that verbal aggression is not acceptable, and goods may not be delivered if truck drivers are exposed to such behaviours • Requesting that delivery concerns should be directed to the manufacturing company directly. The trucking company manager: • Checks in with drivers before agreeing to delivery schedules to ensure these are realistic and encourages early feedback on delivery issues • Introduces a system to alert the dispatch manager and retail business if delivery delays are likely • Introduces systems for fatigue management and occupational aggression including training and support systems.	The manufacturing company: • Includes a truck driver representative in the relevant WHS committee discussions • Trains all dispatch managers in consolidating orders so that unnecessary trips are eliminated or minimised. The trucking company manager completes training on fatigue management and the effects of psychosocial hazards and subsequently introduces a system to monitor driver fatigue and wellbeing.

Scenario 5: First responder—paramedic

Scenario context and work content	Psychosocial hazards and risks	Psychosocial controls	Review and improve
Work performed by paramedics in a busy regional area involves frequent exposure to trauma, violence and death. Due to a recent surge in emergency cases, and shortage of trained workers, staff have been required to work longer hours than usual, with fewer breaks and less time between shifts to recuperate. Staff have reported emotional and physical fatigue. Staff are regularly exposed to physical and biological hazards within their work, and supply shortages have impacted the availability of PPE. Staff are concerned about the impact of exposure to infectious diseases on themselves, their families and other contacts outside of work. High workloads and/or new policies requiring increased documentation frustrate and confuse workers and increase their physical and cognitive demands. Bed shortages in emergency departments within the local hospitals add pressure to staff tasked with making critical decisions regarding patient care. These shortages have also increased the level of exposure to work-related violence and aggression, due to increased wait times and delays in processing patients.	**High work demands**: • Staff experience role overload and fatigue due to the increased hours of work, combined with the emotional and physical demands of their roles. Staff shortages and increased workload impact the ability for workers to take breaks, access leave or seek support where required. • Increased demands arising from new systems of work and associated controls, compete with existing workloads. • Facility shortages impact the ability of workers to safely provide care to patients. Critical decisions may be impacted by these logistical issues, which compete with medical and triaging processes. **Exposure to violence and traumatic events**: • Workers experience ongoing exposure to trauma and death which can have a cumulative effect on them. Workers responding to incidents are also at high risk of injury themselves. • Workers have regular exposure to both threats and actual violence from patients and the public (e.g. family members). **Low control:** • Due to recent increase in service demands, there are not enough workers nor facilities to cater for patients. Staff feel unable to decline shifts due to the lack of available back-fill. **Poor environmental conditions:** • Staff working with infectious diseases are concerned about the impact on themselves and others (by transmitting infections to which they may have been exposed). These concerns are exacerbated by shortages of PPE. **Poor support:** • Appropriate support may not occur due to role overload, lack of education/training around new processes and limited resources for professional supervision.	After consulting with staff, the organisation managed high work demands, low control, and poor support by: • Increasing the level of practical support available during peak workloads (increased recruitment and upskilling of personnel to provide appropriate coverage for patient needs) • Time was allocated to review new processes/systems of work in discussion with staff to improve their competence and confidence in applying these changes to their work (e.g. specialised infection control training) • Additional opportunities were introduced for consultation with staff regarding support, rostering, training and other practical requirements. Exposure to traumatic events and work-related violence and aggression was managed by: • Rostering adequate worker numbers to take into account new systems of work, staff skills mix, and to ensure there are adequately trained workers on all shifts to respond effectively to violent and/or traumatic incidents. • Implementing regular supervision and consultation opportunities for staff (e.g. safety debriefing, early referral to support services), as well as a peer support program for workers. Processes were established to monitor exposure to trauma and violence, and to offer support and services to those exposed and/or showing early warning signs of distress. • Workers received training in managing aggressive or violent behaviour and hazard/incident reporting. • An escalation process was implemented to assist staff to access support, make quick decisions to respond to early warning signs, and for when there are differing views regarding patient management.	• A more comprehensive risk assessment process is introduced and updated annually or following any major organisational changes to ensure new hazards and risks are identified and addressed. • Improvements are made to consultation and monitoring of staff welfare (including psychological welfare and fatigue) – whereby regular meetings are held with supervisors. An EAP service is introduced and actively promoted. Staff rosters are closely monitored to ensure appropriate distribution of workload, and access to leave is available where needed. In addition, the organisation: • Ensures reported incidents are investigated and feedback on investigations and response to incidents is provided to workers. • Undertakes work to improve the incident reporting system and encourage reporting of all incidents and near misses. • Addresses supply chain issues and delays to ensure staff have access to appropriate resources

Appendix 3: Examples of psychosocial hazards

This appendix provides examples of psychosocial hazards. This is not an exhaustive list of hazards and PCBUs should consider all psychosocial hazards that may be present or emerge depending on the circumstances of the work or workplace.

Some of the examples listed may not create psychosocial risks on their own but may do so if a single exposure is severe, if they combine with other hazards, and/or if they occur frequently or for an extended duration.

Psychosocial hazard	Situation
High and/or low job demands	Situations that may lead to high levels of **time pressure and role overload** include: • allocating tasks to workers that are beyond their level of competence or capacity • placing excessive expectations on new or existing workers to learn new tasks quickly • giving unreasonable deadlines for work tasks or being pressured to complete work tasks outside of work hours or while on leave • lack of resources required to complete tasks and projects, be it people, financial or physical resources • absence of team members through illness or leave • needing to quickly evaluate complex situations and make effective decisions under pressure, such as in medical or policing work.
	Situations that may lead to high levels of **emotional demand** include: • dealing with customer/client complaints or delivering bad news to customers, clients or co-workers • engaging in performance conversations with underperforming workers or undertaking disciplinary processes • providing support to customers, clients or co-workers that are emotionally distressed • job requirements that specify workers can only express organisationally-approved emotions while at work (e.g. flight attendants being directed to always be happy and smiling while on duty).
	Situations that may lead to **challenging work hours or shift work** include: • frequent night shifts or long shifts (over 12 hours) • shifts patterns that are unpredictable • regular or unplanned overtime • shifts that provide inadequate time for sleep and recovery between periods of work • workers being prevented from taking designated breaks from work tasks • roles where there is an expectation of out of hours responsiveness and availability. **Note: work that involves challenging work hours or shift work is associated with a greater risk of fatigue.**

Psychosocial hazard	Situation
	Situations which may lead to **low job demands** include: • having little mental stimulation or problem solving in the work • requiring workers to undertake repetitive tasks with little variety • monotonous work, vigilance tasks, or sorting tasks (e.g. sorting irregular fruit, monitoring CCTV cameras, stop/go machine operation) • allocation of tasks that are well below a worker's level of competence or capacity.
Low job control	Situations that may lead to workers experiencing low levels of control include: • workers not being involved in decisions that affect them or their clients • work that is tightly managed and controlled (e.g. machine or computer paced, scripted call centres with set breaks and rostering, work that requires permission before progressing with routine tasks) • lack of formal and/or informal opportunities to learn and develop new skills • where workers have little say in the way they do their work (e.g. when they can take a break from certain tasks or change tasks) • excessive monitoring and scrutiny of low-level tasks • insecure, precarious and contingent work arrangements (e.g. casual work, labour hire, fixed-term contracts, gig economy workers).
Poor support	Situations that may lead to workers experiencing poor support include: • workers who are not provided instrumental support to carry out the job (access to tools, resources, information, or coaching needed) • workers who work in isolation or in geographically-dispersed teams • where managers are required to manage large numbers of workers and it is difficult to provide adequate support to individuals • workers who do not have time or opportunity within work hours to speak with their colleagues or managers (e.g. highly regimented workplaces such as call centres, medical practices) • working in fly-in/fly-out or drive-in/drive-out arrangements where workers are away from their usual social supports.
Low role clarity	Situations that may lead to workers experiencing low role clarity or role conflict include: • where workers have multiple reporting lines and/or supervisors and competing demands associated with these • being asked to undertake a specific task with no instructions or detailed information about requirements • lack of clarity about what tasks need to be completed, their priority and deadlines • changing position descriptions and/or areas of responsibility without consultation or discussion • allocating the same task to two different workers, resulting in duplication of effort.
Poor organisational change management	Situations that may lead to poor organisational change management include: • failure to consider health and safety impacts during organisational changes, such as downsizing or relocations • disorganisation and lack of planning in organisational change • implementing changes without sufficient consultation and stakeholder engagement • failure to communicate key messages, updates, or reasons for change • inadequate support provided to those affected during transition times.

Psychosocial hazard	Situation
Low reward and recognition	Situations that may lead to workers experiencing low recognition and reward include: • the absence of positive feedback about work performance • the absence of appropriate mechanisms and practices for regular performance discussions, performance planning and goal setting • providing recognition or acknowledgement that is not meaningful, vague, or not attributed to specific situations.
Poor organisational justice	Situations that may lead to workers experiencing poor organisational justice include: • inequitable or inconsistent application of procedures across workers or over time (e.g. reward and recognition, promotion or job rotations, opportunities for training or job assignments) • unfair or inequitable distribution of resources (e.g. pay inequities, access to benefits) • bias, impartiality, favouritism and nepotism • workers or managers believing that rules do not apply to them and failing to follow agreed policies, guidelines and procedures.
Poor workplace relationships including interpersonal conflict	Situations that may lead to poor workplace relationships and interpersonal conflict include: • incivility (abrupt rude behaviour) or other inappropriate behaviour is demonstrated and/or tolerated by management and co-workers • frequent or heightened task conflict between workers, supervisors, co-workers and clients or others • discrimination or other unreasonable behaviours by co-workers, supervisors or clients • a lack of fairness and equity in dealing with workplace issues or where performance issues are poorly managed • unresolved issues or concerns regarding work tasks, processes, customers, interpersonal issues.
Remote or isolated work	Situations that may lead to increased risk in remote or isolated work include: • limited access to communication devices or no regular contact with other workers or supervisors • lengthy periods of isolation working away from social and family contacts, and support networks such as fly-in/fly-out or drive-in/drive-out arrangements • excessive monitoring of workers working from home • work in locations where there is difficulty in immediate rescue or attendance of emergency services • work where violence or aggression from customers or clients is possible.
Poor environmental conditions	Situations that may lead to workers experiencing stress due to poor environmental conditions include: • excessive or irritating noise or vibration • unmanaged biological or chemical hazards (e.g. health care workers with insufficient PPE) • low, very bright or flickering lighting • extremes of temperature or poor air quality.
Exposure to traumatic events	Situations that may lead to exposure to traumatic events include: • working in certain areas or occupations (e.g. health care, community work, counselling, defence, funeral services, child protective services, correction officers, legal services, high risk work where injuries may occur).

Psychosocial hazard	Situation
	• responding to emergencies (e.g. incidents requiring response by emergency service workers including police, emergency health workers, firefighters, ambulance officers and triple-zero call receivers) • providing care to those experiencing a traumatic event, listening to, viewing or reading detailed descriptions of traumatic events experienced by others (e.g. rape crisis or child safety officers, lawyers or immigration officers, workplace incident investigators).
Violence and aggression	Situations where a worker is subjected to violent or aggressive behaviour include: • scratching or hitting • attacking with any type of weapon or substance (e.g. knives, guns, incidental weapons like keys, bats or rocks, or chemical agents such as hazardous chemicals or affects from use of drugs or alcohol) • pushing, shoving, tripping or grabbing • armed robbery • sexual violence • intentionally coughing or spitting on someone • verbal abuse and threats including intimidation, insults, shouting, or swearing • banging, kicking, throwing, or hitting objects • online abuse or threats, including on social media. Workers in occupations most at risk of work-related violence and aggression include those who regularly work with the public or provide services to clients such as: • doctors, nurses, ambulance officers • welfare workers, personal carers • waitstaff and housekeeping workers • police officers, corrections officers, child safety officers • teachers and teacher aides • debt collectors • front-office workers, call centre workers • cashiers, retail and hospitality workers, salespeople, and security guards • bus drivers, taxi drivers, couriers, cabin crew • workers who work alone or in remote locations. Violence and aggression can also constitute criminal behaviours. *See section 3.1.3 for factors that increase the risk of work-related violence and aggression.*
Bullying	Examples of behaviour, whether intentional or unintentional, that may be work-related bullying if it is repeated, unreasonable and creates a risk to health and safety includes: • abusive, insulting or offensive language or comments

Psychosocial hazard	Situation
	• aggressive and intimidating conduct (verbal or physical) • belittling or humiliating comments • teasing or regularly making someone the brunt of practical jokes • the making of vexatious allegations against a worker • spreading rude, inaccurate, or malicious rumours about an individual • responding to a complaint, report, or incident in a grossly unfair manner • victimisation • unjustified criticism or complaints • unreasonably excluding someone from work-related activities • setting unreasonable timelines or constantly changing deadlines • setting tasks that are unreasonably below or beyond a person's skill level • using changes to work arrangements such as rosters and leave as a way to victimise • completely ignoring or isolating an individual. *See section 3.1.3 for factors that increase the risk of work-related bullying.*
Harassment including sexual harassment	Factors that may increase the likelihood or risk of harassment include: • particular cohorts of workers who are more vulnerable such as young workers, workers with a disability, Aboriginal and Torres Strait Islander workers, workers in insecure or precarious forms of employment, and workers on working visas • low worker diversity (e.g. the workforce is dominated by one gender, age group, race or culture) • power imbalances (e.g. workplaces where one gender holds most of the management and decision-making positions) • workplaces organised according to a hierarchical structure (e.g. police and enforcement organisations, or medical or legal professions) • workplace culture that supports or tolerates sexual harassment, including where lower level (but still harmful) forms of harassment are accepted (e.g. small acts of disrespect and inequality are ignored and reports of sexual harassment or inappropriate behaviours are not taken seriously) - this conduct can escalate to other forms of harassment, work-related bullying/violence and aggression • use of alcohol in a work context, and attendance at conferences and social events as part of work duties (including overnight travel) • workers are isolated (e.g. due to location, hours of work) in restrictive places like cars, working at residential premises, living in employer provided accommodation, working from remote locations with limited supervision, or have restricted access to help and support • working from home, which may provide an opportunity for covert sexual harassment to occur online or through phone communication • worker interactions with clients, customers or members of the public (either face to face or online) which may give rise to third party sexual harassment including work that involves a high level of contact or work in close proximity to customers or clients • poor understanding among workplace leaders of the nature, drivers and impacts of sexual harassment.

Appendix 4: Examples of control measures for psychosocial hazards

The examples provided in the table below are not exhaustive and may be used to help inform risk management processes.

Under the WHS Act psychosocial hazards that are a risk to psychological health and safety **must** be eliminated so far as is reasonably practicable, or if that is not reasonably practicable, the risks **must** be minimised so far as is reasonably practicable in accordance with the hierarchy of controls.

Focusing on higher level control measures that address work design will ensure the risk of harm is addressed at the source, as opposed to using measures that only reduce the impact of harm after it has occurred. In most cases a combination of controls will be needed to eliminate or minimise psychosocial risk. The examples in the table have generally been ordered from the highest level of controls to lowest. There are also additional controls at the end of this table that apply across all psychosocial hazards.

Psychosocial hazard	Example control measures
High and/or low job demands	**Time pressure, role overload** • Design the work to ensure manageable workloads with achievable performance standards. • Implement self-check-in processes for customers/patients to reduce staff workloads. • Rotate tasks and activities so that workers are not overexposed to time pressured or excessively demanding work. • Negotiate reasonable deadlines for completing tasks. • Provide workers with sufficient time, resources, and appropriate equipment to perform the tasks assigned. • Schedule regular breaks throughout the day and ensure that workers are taking breaks to get adequate rest and recovery. • Monitor and manage workloads during periods of peak demand (e.g. end of financial year, seasonal peaks). Use this information to plan and provide additional resources where required. • Ensure work tasks and cases are matched with the worker's capability level. • Ensure sufficient cover for workers who are on leave. • Implement flexible working arrangement policies and practices. • Implement workload reporting and review systems and schedule regular opportunities to review workloads with staff. • Encourage work practices and systems that allow workers to disconnect from work outside of work hours. **Challenging hours of work or shift work** • Ensure the roster provides for a continuous seven to eight hours sleep in each 24 hours. • Implement systems to manage and limit overtime. • Do not allow work to regularly exceed a 12-hour shift. • Minimise safety-critical tasks during the early hours of the morning (2am to 6am). • Ensure adequate work breaks and, where practicable, allow some flexibility in the timing of breaks, if possible. • Provide reasonable notice of shift rosters to allow workers to plan recovery activities.

Psychosocial hazard	Example control measures

	• Ensure there is consultation about shift rosters with workers and provide communication and consultation when designing or changing rosters.
	See more information in the *Preventing and managing fatigue-related risk in the workplace* guide available on the WorkSafe Queensland website.
	
	Emotional demands
	• Where practicable, ensure workers are not required to approach difficult client situations on their own.
	• Ensure there is sufficient supervision available.
	• Implement systems to support workers when they are required to make difficult decisions or when there are negative consequences to decisions they have made (e.g. child safety workers).
	• Provide workers/managers with safe spaces where they can have physical and psychological distance from events and/or debrief about emotionally demanding situations.
	• Design work so it can be conducted in pairs or teams where practicable.
	• Rotate work or activities to have adequate breaks from roles that involve exposure to emotional demands.
	• Implement file flagging for potentially distressing files or cases to avoid inadvertent exposure to distressing content.
	• Ensure there is a reporting system for exposure to distressing events and that managers or others check-in with affected workers following events.
	• Where emotional demands are an unavoidable part of a worker's role:
	    ○ ensure these are captured in a position description and that applicants are informed at the pre-selection stage
	    ○ monitor the psychological health through active supervision and provide training to managers/workers to understand and be alert to the early signs of mental health conditions/distress and how to offer support if identified
	    ○ provide training and practical support regarding how to diffuse difficult or confronting situations (e.g. conflict management skills) and implement escalation and supervisory support systems for staff.
	
	Low job demands
	• Design work tasks and activities so workers aren't overexposed to monotonous work.
	• Implement processes to allow opportunities for job rotation to enable skill development and job variation.
	• Engage in career planning conversations with workers to identify work that provides them with a sense of meaning/purpose.

Low job control	• Where reasonably practicable, avoid insecure, precarious and contingent work arrangements (e.g. move long-term casual workers to permanent contracts, consult and provide advance notice of work arrangements). • Consult workers when determining goals, objectives, work hours, performance indicators, work requirements and deadlines. • Facilitate discussion and input into what work tasks need to be achieved and how. • Involve workers in decision-making processes and encourage suggestions for continuously improving work practices (e.g. in performance reviews, team meetings etc.). • Implement processes to allow workers to have some control over workflow, customer queues, and task intake etc. • Implement policies and practices for flexible working arrangements.

Psychosocial hazard	Example control measures
	• Ensure systems are in place to provide adequate training to managers on strategies that empower workers rather than micro-managing.
Poor support	**Supervisor support** • Establish clear reporting lines within teams so workers know where they can go for help with work problems. • Ensure supervisors are provided with sufficient resources and support to undertake their supervisory duties (e.g. ensure that supervisors have a manageable workload, and their span of control is not so great it prevents effective supervision). • Assist workers with practical solutions for any task-related issues that arise (e.g. ensure adequate backfilling of roles or redistribution of work when workers are out of the office or away on leave). • Provide leadership development that emphasises the importance of task and emotional support from leaders and supervisors and how to connect workers to professional mental health support when required. • Schedule and prioritise time for regular and open discussion between workers and supervisors about support needs (e.g. foster a culture of collaboration and support by discussing any pressures and challenges within the work unit). • Provide psychosocial advice to supervisors conducting disciplinary processes – particularly for the purpose of being aware of processes and support needed. **Co-worker support** • Design work in such a way as to emphasise team collaboration rather than independent working and allow opportunities for incidental peer discussion about work tasks during the workday. • Decrease factors within work roles that are likely to increase competition. • Develop a team charter that emphasises expected behaviours. • Structure reward and recognition programs around team achievements rather than individual achievements. • Develop a peer support network and/or a mentoring/buddy program for new starters. • If responding to highly publicised issues (e.g. an incident picked up by the media or in social media), ensure procedures are established to support workers involved or affected.
Low role clarity	• Establish clear role expectations for individuals, including their role within their immediate work team and the broader organisation. • Implement a comprehensive recruitment and induction process (define role purpose, reporting relationships and key duties, tasks, responsibilities, and role expectations). • Avoid making workers accountable to more than one immediate supervisor to reduce potential conflict in work demands. • Avoid placing inconsistent or incompatible demands on workers. Identify issues such as duplication, insufficient work instructions, errors, missed deadlines, and problems with work task allocation. • Ensure roles are clearly understood via the provision of training and supervision, and a current role description. • Ensure that management structures and reporting lines are clearly defined. This can be supported by an organisational chart. • Implement a timely performance feedback system.

Psychosocial hazard	Example control measures
Poor organisational change management	• Ensure there are systematic approaches for conceiving, planning, developing, implementing and evaluating changes. • Implement robust consultation and engagement practices (e.g. group information and/or feedback sessions) as part of change projects. Give workers the background and reasons behind changes and check understanding. • Ensure the person communicating the change has the skills and authority to do so. • Train managers or supervisors to support workers through periods of change. • Ensure workers receive enough training for them to be confident and competent in new roles.
Low reward and recognition	• Implement a performance review system that ensures workers are provided with positive and constructive advice for future performance, including opportunities for skill development. • Recognise workers for their work outputs, but also for their ideas and behaviours. • Ensure praise and recognition is built into leadership training. Provide supervisors and workers with a range of strategies to recognise others, understanding that people like to be acknowledged in different ways. • Implement recognition programs that provide all workers with equal opportunity to be recognised for their contributions. • Ensure that workers are being provided with feedback that is timely, practical and specific to their work tasks.
Poor organisational justice	• Design fair procedures and implement procedures consistently over time and across all workers and work groups (e.g. a structured performance review and recruitment processes so all workers are reviewed and recruited using consistent processes). • Apply processes and procedures (e.g. recruitment, performance management) in a transparent and consistent manner. To do this, ensure managers and supervisors are provided information and training. • Ensure procedures are explained to workers in situations where the procedure will be applied to them (at the commencement of disciplinary procedures or complaint processes) • Provide workers with a mechanism to manage complaints or appeal the result of a procedure. Where a worker may perceive unfair work practices, encourage them to access the appeal process. • Review decisions to ensure that they are fair and free of bias. • Train managers in how to have difficult conversations with their workers in a fair and just way. • Foster a culture of transparency, openness, respect, fairness and equity. • Provide support and communication mechanisms for all parties to complaints and those going through disciplinary or investigative procedures.
Poor workplace relationships including interpersonal conflict	• Identify and minimise work design issues that may negatively affect team communication (e.g. competition or isolated work groups). • Provide sufficient opportunities for workers to get to know each other and build positive relationships. • Develop a code of conduct so that everyone is aware of appropriate work behaviours. • Implement and maintain a system to manage inappropriate workplace behaviours in accordance with the Code of Conduct. • Monitor the work environment for potential disagreements, factors or situations that may result in conflict and address these promptly. • Encourage respectful discussion and sharing of differing views and ideas among workers and within the team.

Psychosocial hazard	Example control measures
	• Clarify team rules of communication or develop a team charter. • Provide managers with the knowledge and skills to identify and manage conflict and respond to inappropriate behaviour, including accessing third-party professional support when required.

Remote or isolated work	• Ensure emergency communication systems in place are suitable for the location.
	• Ensure accommodation is lockable, with safe entry and exit, meets all relevant structural and stability requirements, and has all fittings, appliances and equipment in good condition.
	• Use a buddy system, particularly where there is a risk of violence or misadventure, or risks to physical safety.
	• Ensure workers are trained in, and carry out, situational risk assessments of the safety of their work location before commencing duties (e.g. when they are working in a client's home or in the community).
	• Ensure there is appropriate supervision/monitoring systems in place when workers are working in isolation, in the community, or away from the workplace such as:
	   ○ monitored CCTV and enhanced visibility
	   ○ schedule periodic visits by supervisors to visually observe workers and provide appropriate support and assistance
	   ○ procedures to maintain regular contact between workers and supervisors using suitable communication devices
	   ○ automatic warning devices that raise the alarm in an emergency
	   ○ a 'check-in' at the beginning and 'sign-off' at the end of the working period
	   ○ use satellite tracking systems or devices.
	• Design emergency response procedures in consideration of location and access to services available (e.g. relevant for medical emergencies and response time, consult with emergency services about possible rescue scenarios and what would be involved).
	• Implement opportunities for regular organisational communication/consultation to ensure workers are provided with up-to-date information and opportunities/avenues to connect with the organisation regularly.

Poor environmental conditions	• Design and maintain plant, equipment and work environments to eliminate or minimise risks associated with stressful environmental hazards (e.g. stressful vibration, lighting, nuisance noise, thermal discomfort, poor air quality, biological or chemical hazards). • Ensure appropriate PPE and resources are provided to workers. In addition to other control measures, utilise PPE to minimise residual risk (e.g. use face shields where workers are at risk of exposure to COVID-19 and spitting is a risk, or hearing protection if nuisance noise cannot be eliminated). • Ensure workers are trained in work systems to manage risk associated with stressful environmental hazards. • Ensure systems are in place for workers to report the presence of poor environment conditions that may create a stress response.
Exposure to traumatic events	• Rotate roles or activities to ensure adequate breaks from roles likely to involve exposure to traumatic events. • Implement file flagging processes on potentially distressing files or cases to avoid inadvertent exposure to distressing content. • Ensure procedures are in place to respond to critical incidents including practical support for workers, counselling/professional support services, appropriate information about available resources. • Ensure systems are in place to regularly monitor workers' exposure to traumatic events and workers' psychological health.

Psychosocial hazard	Example control measures
	• Where repeated high-risk exposure to distressing events is an unavoidable part of the role, consider additional risk controls including reducing workload to decrease exposure, increasing breaks and recovery time, or implementing periodic health assessments. • Design procedures to support workers in response to exposure to traumatic events. • Ensure managers are provided with adequate information, training and instruction in how to respond and manage reported exposure of workers, including how to identify early signs of distress or psychological injury and how to offer support if required. • Ensure workers are provided with information on how to report exposure to traumatic events and other procedures in relation to support options available.
Violence and aggression	**Physical work environment and security** • Ensure the building is secure, maintained and fit for purpose. Control access to work areas. • Use secure service windows, CCTV, timer safes, and anti-jump screens where appropriate. • Prevent access to dangerous or heavy implements or objects that could be thrown or used to injure someone. • Increase visibility of who is coming into the premises/work area through access, lighting, positioning of furniture. • Fit communication and fixed or personal duress alarm systems (e.g. personal duress alarms could be used in community services work where there is a risk of aggressive behaviour. Duress alarms should be attached to clothing but not worn around the neck). • Use safe glass (e.g. laminated, toughened, or glass alternatives like Perspex), including in picture frames and mirrors. • Provide a safe space for workers and others to retreat to in order to avoid violent or aggressive situations. • Ensure vehicles are fit for purpose and well maintained (e.g. have central locking, tracking devices with GPS to allow drivers in distress to be located, lighting inside the vehicle to see passenger behaviour). • Engage security consultants/professionals to conduct security assessments and/or provide security services. **Work systems and procedures for:** • Empowering workers to restrict, refuse or suspend service if other people fail to comply with the expected standard of behaviour. • Reducing frustration levels of clients (e.g. readily available assistance, alternatives to queues, or waiting areas with entertainment). • Managing the handling of cash and valuable products (e.g. limit the amount of cash, valuables and drugs held on premises and store them securely, vary banking times, or utilise security personnel). • Responsible service of alcohol. • Communication with clients about violence and aggression control measures (e.g. signs at the workplace such as zero tolerance of aggression and violence, security cameras are in use, or holding limited cash on the premises). • Safe opening and closing of the business. • Assessing individual client needs (conditions, triggers, care requirements) and the provision of appropriately skilled workers. • A trauma-informed approach and management plans for clients known to have a history of aggression and regular handover of information (with workers, other agencies, carers and service providers that includes safety components, in addition to clinical care plans). • Identification systems such that workers and authorised visitors are clearly identified (minimisation). • Working in remote or isolated locations (see risk controls for this hazard noted under 'Remote or Isolated work' in this table).

Psychosocial hazard	Example control measures

	• Worker and manager training in:
	    ○ Violence prevention measures (including trauma-informed approaches, use and testing of communication/alarm/duress systems, emergency drills etc)
	    ○ Positive behaviour expectations, de-escalation and emotional regulation
	    ○ Incident investigation and WHS risk management
	    ○ Monitoring the health of workers for managers and supervisors
	    ○ Work policy and procedures, including emergency response systems and reporting of incidents.
	
	See more information in the *Preventing and responding to work-related violence guide,* available on the WorkSafe Queensland website.

Bullying	• Empower workers to refuse or suspend service if other people fail to comply with the expected standard of behaviour. • Design work to minimise psychosocial hazards that increase the risk of work-related bullying (see for example, risk controls noted under 'Poor workplace relationships', 'work demands', 'poor support', 'low role clarity', and 'poor organisational justice' in this table). • Develop and implement a bullying policy (see example in **Appendix 5**). • Communicate in-person and online behavioural expectations to all workers and clients via training and other methods, including role modelling of appropriate behaviours by leaders and line managers. • Implement effective reporting processes, and actively monitor staff welfare through regular consultation. Encourage staff to report any inappropriate behaviour they witness towards themselves or others and address these reports in a timely and consistent way with feedback provided. • Implement and maintain a system to manage inappropriate workplace behaviours in accordance with the Code of Conduct. See more information in the *Preventing and responding to workplace bullying* guide, available on the WorkSafe Queensland website.
Harassment, including sexual harassment	• Empower workers to refuse, restrict or suspend service if people fail to comply with the expected standard of behaviour. **Physical work environment and security** • Provide facilities that give privacy and security. • Ensure the layout of the workplace provides good visibility of work areas and avoids restrictive movement. • Ensure there are no areas where workers could become trapped, such as rooms with keyed locks. • Provide communication systems like phones or duress alarms (and provide workers with information, instruction and training on how to use these). • Ensure a safe working environment for workers during access and egress from the workplace, during travel, at client or customer premises and any other location where work is performed. **Work systems and procedures for:** • Responsible service of alcohol policies at work and at work events. • Standards of behaviour and procedures for what a worker should do if they experience or see harassment at work or work-related events or from third parties to the workplace (including sexual harassment).

Psychosocial hazard	Example control measures
	• Addressing reports of harassment consistently and in accordance with procedures, including the provision of sufficient, appropriate and timely feedback to workers who have raised concerns. • Avoiding sexualised uniforms and ensuring clothing is practical for the work undertaken. • Regularly monitoring and reviewing work systems and practices, to evaluate effectiveness in minimising the likelihood of harassment occurring. • Collecting de-identified details of all harassment complaints, including those that are not pursued, to help identify systemic issues. • Effectively reporting and monitoring staff welfare through regular consultation. See more information in the *Preventing workplace sexual harassment* guide, available on the WorkSafe Queensland website.

While the table above provides examples of control measures specific to each psychosocial hazard, there are a number of control measures that apply across all psychosocial hazards. The list below provides example lower-level controls, which are common across all psychosocial hazards:

- Ensure there are workplace specific policies for any psychosocial hazards identified as creating risk in your workplace. For example, see the workplace bullying policy in **Appendix 5**.
- Ensure there is training for leaders and line-managers about their role in the design and management of work and psychosocial hazards and in providing support, particularly if their workers have experienced demanding, distressing, or traumatic events or have been exposed to bullying, violence, aggression, or sexual harassment.
- Build capability of workers by providing training relevant to any high-risk hazards identified (e.g. conflict management skills, dealing with aggressive behaviour, high work demands, working alone or in remote locations, emotional competencies, or interpersonal skills).
- Provide clear guidelines and expectations about respectful workplace behaviours and ensure leaders and line-managers model these behaviours.
- Ensure professional psychological support is available to workers who are directly or indirectly exposed to traumatic events or other emotionally demanding work.
- Provide clinical supervision in addition to managerial supervision to those who are exposed to work that has risks of occupational violence and traumatic events to manage risks of burnout and PTSD.
- Create an environment in which workers feel comfortable raising concerns about any psychosocial hazards.
- Provide clear guidelines and expectations on how to report psychosocial hazards or concerns in the workplace and respond in a timely, empathic, and effective manner to these concerns.
- Ensure there are appropriate mechanisms to manage any poor performance of workers or supervisors.
- Educate workers and managers about early warning signs of stress and fatigue and how to respond when they recognise them in themselves or others.

- Promote work-life balance and encourage workers to implement self-care practices, take annual leave regularly or to recover from periods of high demands.
- Provide and promote an employee assistance program for professional mental health support to workers who are experiencing high stress levels when they are exposed to psychosocial hazards (particularly exposure to trauma, bullying, violence and aggression or sexual harassment).
- Consult with workers to gain an understanding of specific requirements or reasonable adjustments in their working conditions to support individuals to perform their duties effectively (e.g. workers with a disability, recovering from injury, or neurodiverse individuals).
  Develop and implement systems for professional supervision and debriefing.

Appendix 5: Example of a work-related bullying policy

[PCBU Name] – Work-related bullying policy

Our commitment

[PCBU name] is committed to providing a safe and healthy work environment free from bullying.

Workers are protected by this policy whether they feel bullied by a supervisor, another worker, client, contractor or member of the public.

[PCBU name] will treat reports of work-related bullying seriously. We will respond promptly, impartially and confidentially.

This policy will be made available to all workers including contractors. New workers will be given a copy of this policy at their induction. Managers and supervisors will remind workers of the policy from time to time.

Expected behaviour at work

Under work health and safety laws, workers and other people at our workplace must take reasonable care that they do not adversely affect the health and safety of others.

[PCBU name] expects people to:

- behave in a reasonable and professional manner
- treat others at work with courtesy and respect
- listen and respond appropriately to the views and concerns of others, and
- be fair and honest in their dealings with others.

This policy applies to behaviours that occur:

- in connection with work, even if it occurs outside normal working hours
- during work activities, for example when dealing with clients
- at work-related events, for example at conferences and work-related social functions, and
- on social media where workers interact with colleagues or clients and their actions may affect them either directly or indirectly.

What is work-related bullying?

Work-related bullying is repeated and unreasonable behaviour directed towards a worker or a group of workers that creates a risk to health and safety.

Repeated behaviour refers to the persistent nature of the behaviour and can refer to a range of behaviours over time.

Unreasonable behaviour means behaviour that a reasonable person, having considered the circumstances, would see as unreasonable, including behaviour that is victimising, humiliating, intimidating or threatening.

Single incidents of unreasonable behaviour can also present a risk to health and safety and will not be tolerated.

What is not work-related bullying?

Reasonable management action taken by managers or supervisors to direct and control the way work is carried out is not work-related bullying if the action is carried out in a lawful and reasonable way, taking the particular circumstances into account.

What can you do?

If you feel you are experiencing or witnessing work-related bullying, and are not comfortable dealing with the problem yourself, or your attempts to do so have not been successful, you should raise the issue promptly either with your supervisor, HSR or another manager within the organisation. If you are a member of the union, you may also raise any issues with your delegate.

If you witness unreasonable behaviour, you should bring the matter to the attention of your manager as a matter of urgency.

Workers also have a right to apply to the Fair Work Commission (or the Queensland Industrial Relations Commission if they are employed by the state public sector or local government in Queensland) for a stop work bullying order.

How we will respond

If work-related bullying or unreasonable behaviour is reported or observed we will take the following steps:

- The responsible supervisor or manager will speak to the parties involved as soon as possible, gather information and seek a resolution to satisfactorily address the issue for all parties.
- If issues cannot be resolved or the unreasonable behaviour is considered to be of a serious nature, an impartial person will be appointed to investigate. Both sides will be able to state their case and relevant information will be collected and considered before a decision is made.
- All complaints and reports will be treated in the strictest of confidence. Only those people directly involved in the complaint or in resolving it will have access to the information.

There will be no victimisation of the person making the report or helping to resolve it. Complaints made maliciously or in bad faith may result in disciplinary action.

Consequences of breaching this policy

Appropriate disciplinary action may be taken against a person who is found to have breached this policy. The action taken will depend on the nature and circumstance of each breach and could include:

- a verbal or written apology
- one or more parties agreeing to participate in counselling or training
- a verbal or written reprimand, or
- transfer, demotion or dismissal of the person engaging in the bullying behaviour.

If work-related bullying has not been substantiated

If an investigation finds work-related bullying has not occurred or cannot be substantiated, **[PCBU name]** may still take appropriate action to address any issues leading to the bullying report.

Appendix 6: Example of a risk register

Site: Rockhampton office
Management representative(s): Mark (HR Manager) and Ahmet (WHS Manager)
Worker representatives: Ian, Jen and Tracey

Date issue raised	Hazard/ situation	Information sources	Harm consequences	Harm likelihood	Level of risk	What controls are in place?	How adequate are existing controls?	What further controls are required?	Actioned by and comments	Date completed and comments	Who and how will monitor and review	Review date
30.9.20	Harmful workplace behaviour - bullying	High frequency of work-related bullying incidents identified in People at Work (PAW) survey results. Industry data shows a high prevalence of bullying in the industry.	Severe	Moderate to high – 43% of PAW respondents report experiencing work-related bullying 'once in a while' or more in the previous 6 months.	High	Workplace behaviour/ code of conduct training completed online annually.	Not effective - Consult workers about possible additional controls through focus group sessions as per PAW process.	Develop and implement a Code of Conduct and Behaviour management procedure. Deliver training to Managers on modelling appropriate behaviours, how to intervene when unreasonable behaviours observed and responding to and managing complaints regarding bullying. Respond to and manage violations of these behaviour standards by consistently applying appropriate disciplinary actions. Further controls to be determined through focus group sessions	Mark, Ian, Jen, and Tracey to develop Code of Conduct and behaviour management procedures in consultation with staff. Mark to deliver training on: - agreed procedures and disciplinary implications (all staff). - managing complaints (Management team) Ahmet to action feedback of PAW results to workers and organise focus group sessions in consultation with Mark.	30.10.20 30.10.20	Mark and Ahmet - consult with workers regarding impact of Code of Conduct and management procedures - implement additional controls identified through focus group discussions. - seek feedback about impact of controls. Mark and Ahmet - review any identified trends in WC claims/ grievance data (e.g. frequency of psychological injury claims). Mark/Ahmet - re- deliver PAW survey within 12-18 months to review changes to risks, effectiveness of controls and additional controls required	27.11.20 (Seek feedback from worker reps and in monthly team meeting) 30.11.20 (quarterly WHS review meeting) 30.04.22

Date issue raised	Hazard/ situation	Information sources	Harm consequences	Harm likelihood	Level of risk	What controls are in place?	How adequate are existing controls?	What further controls are required?	Actioned by and comments	Date completed and comments	Who and how will monitor and review	Review date
11.12.20	Customer verbal abuse (probably due partly to long wait times)	Supervisor feedback from planning day and Joe noticed during his 'walk and listen' visit	Severe	High	High	Signs around the reception area on acceptable behaviour and that verbal abuse won't be tolerated	Not very effective - customers ignore signs. Doing a focus group on 17.12.20 with the team and talking to a sample of customers from that office.	Give customers alternatives - if wait times will be lengthy, the concierge can let them know about some other ways to get their issue managed. Rotate front office team members to back of house duties every two hours for a break.	Tony (supervisor), Mark and Ahmet to arrange concierge to start in January. Staff rotation to start this month when training 'back of house' tasks completed.	Still underway	Ahmet and Mark to review all reports of exposure (formal and informal reports) and review risk assessments with staff reps to check effectiveness of current controls.	29.01.21
								Develop Guidelines for responding to and managing unacceptable customer behaviour. Introduce a flagging system to identify high risk customers. Empower workers to refuse and/or restrict services in line with agreed behaviour standards. Communicate this to customers through signage and on engagement of services (via introductory phone recording).	Mark to consult with staff reps regarding acceptable customer behaviours, and deliver training to all staff re guidelines and flagging system. Introductory phone message and signage to be implemented by Ahmet.	30.10.20 30.10.20	Request feedback from workers via staff reps /in monthly team meetings on the impact of behaviour standards and management plans (including impact of concierge, staff rotation, refusal of service) and check additional support required.	Monthly